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SALUS POPULI SUPREMA LEX ESTO

“The welfare of the people shall be the supreme law.”



JOHN R. ASHCROFT
SECRETARY OF STATE

MISSOURI REGISTER

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IN THIS ISSUE:

EMERGENCY RULES

Department of Social Services

MO HealthNet Division345

Department of Health and Senior Services

Division of Community and Public Health351

EXECUTIVE ORDERS

PROPOSED RULES

Department of Elementary and Secondary Education

Missouri Commission for the Deaf and Hard
of Hearing354

Department of Social Services

MO HealthNet Division358

Elected Officials

Secretary of State372

Retirement Systems

The Public School Retirement System of Missouri372

Department of Health and Senior Services

Division of Community and Public Health374

Department of Commerce and Insurance

Life, Annuities and Health374

Property and Casualty376

Insurance Licensing382

State Board of Embalmers and Funeral Directors384

Real Estate Appraisers386

ORDERS OF RULEMAKING

Department of Conservation

Conservation Commission387

Department of Revenue

State Tax Commission389

Department of Health and Senior Services

Office of the Director390

Department of Commerce and Insurance

State Board of Podiatric Medicine391

IN ADDITIONS

Department of Health and Senior Services

Missouri Health Facilities Review Committee393

DISSOLUTIONS

SOURCE GUIDES

RULE CHANGES SINCE UPDATE396

EMERGENCY RULES IN EFFECT401

EXECUTIVE ORDERS403

REGISTER INDEX404

Register Filing Deadlines	Register Publication Date	Code Publication Date	Code Effective Date
November 1, 2019 November 15, 2019	December 2, 2019 December 16, 2019	December 31, 2019 December 31, 2019	January 30, 2020 January 30, 2020
December 2, 2019 December 16, 2019	January 2, 2020 January 15, 2020	January 30, 2020 January 30, 2020	February 29, 2020 February 29, 2020
January 2, 2020 January 15, 2020	February 3, 2020 February 18, 2020	February 29, 2020 February 29, 2020	March 30, 2020 March 30, 2020
February 3, 2020 February 18, 2020	March 2, 2020 March 16, 2020	March 31, 2020 March 31, 2020	April 30, 2020 April 30, 2020
March 2, 2020 March 16, 2020	April 1, 2020 April 15, 2020	April 30, 2020 April 30, 2020	May 30, 2020 May 30, 2020
April 1, 2020 April 15, 2020	May 1, 2020 May 15, 2020	May 31, 2020 May 31, 2020	June 30, 2020 June 30, 2020
May 1, 2020 May 15, 2020	June 1, 2020 June 15, 2020	June 30, 2020 June 30, 2020	July 30, 2020 July 30, 2020

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

RULES

The rules are codified in the *Code of State Regulations* in this system–

Title		Division	Chapter	Rule
3	CSR	10-	4	.115
Department	<i>Code of State Regulations</i>	Agency Division	General area regulated	Specific area regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation, for example, 3 CSR 10-4.115 NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

Code and Register on the Internet

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is sos.mo.gov/adrules/csr/csr

The *Register* address is sos.mo.gov/adrules/moreg/moreg

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) business days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—MO HealthNet Division Chapter 10—Nursing Home Program

EMERGENCY AMENDMENT

13 CSR 70-10.016 Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates. The division is adding paragraph (3)(A)24.

***PURPOSE:** This amendment provides for a per diem increase to nursing facility and HIV nursing facility per diem reimbursement rates of one dollar and sixty-one cents (\$1.61) effective for dates of service August 1, 2019 through June 30, 2020. The per diem increase shall be reduced to one dollar and forty-nine cents (\$1.49) effective for dates of service beginning July 1, 2020. These per diem adjustments correspond to the state fiscal year (SFY) 2020 appropriation for nursing facilities and are contingent upon approval by the Centers for Medicare and Medicaid Services (CMS).*

***EMERGENCY STATEMENT:** The Department of Social Services, MO HealthNet Division, by rule and regulation, must define the reasonable costs, manner, extent, quantity, quality, charges, and fees of medical assistance provided to MO HealthNet participants. The General Assembly included additional funds to nursing facilities' and HIV nursing facilities' reimbursements to account for a trend adjustment for State Fiscal Year (SFY) 2020. The MO HealthNet Division is carrying out the General Assembly's intent by providing for a per*

*diem increase to nursing facility and HIV nursing facility reimbursement rates by implementing a trend adjustment of one dollar and sixty-one cents (\$1.61) effective for dates of service beginning August 1, 2019 through June 30, 2020. The per diem increase shall be reduced to one dollar and forty-nine cents (\$1.49) effective for dates of service beginning July 1, 2020. The trend adjustment is necessary to ensure that payments for nursing facility and HIV nursing facility per diem rates are in line with the funds appropriated for that purpose. There are a total of five hundred ten (510) nursing facilities and HIV nursing facilities currently enrolled in MO HealthNet that will receive a per diem increase to its reimbursement rate effective for dates of service beginning August 1, 2019. This emergency amendment will ensure payment for nursing facility and HIV nursing facility services to approximately twenty-four thousand (24,000) MO HealthNet participants in accordance with the appropriation authority. For the SFY 2020 payment to be made, the MO HealthNet Division was required to submit a Medicaid State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS). CMS approved the SPA on December 24, 2019. This emergency amendment is necessary to protect the public health and welfare of MO HealthNet participants in nursing facilities and HIV nursing facilities. This emergency amendment is necessary to protect a government interest to reimburse nursing facilities and HIV nursing facilities as required by the General Assembly, and to provide MO HealthNet participants with quality nursing facility services. As a result, the MO HealthNet Division finds an immediate danger to public health, safety, and/or welfare and a compelling governmental interest, which requires emergency action. The MO HealthNet Division has a compelling government interest in providing continued cash flow for nursing facility and HIV nursing facility services. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the *Missouri* and *United States Constitutions*. The MO HealthNet Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. A proposed amendment covering this same material will be published in this issue of the *Missouri Register*. This emergency amendment was filed January 16, 2020, becomes effective January 31, 2020, and expires July 28, 2020.*

(3) Adjustments to the Reimbursement Rates. Subject to the limitations prescribed in 13 CSR 70-10.015, a nursing facility's reimbursement rate may be adjusted as described in this section. Subject to the limitations prescribed in 13 CSR 70-10.080, an HIV nursing facility's reimbursement rate may be adjusted as described in this section.

(A) Global Per Diem Rate Adjustments. A facility with either an interim rate or a prospective rate may qualify for the global per diem rate adjustments. Global per diem rate adjustments shall be added to the specified cost component ceiling.

1. FY-96 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1995, shall be granted an increase to their per diem effective October 1, 1995, of four and six-tenths percent (4.6%) of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., and the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on October 1, 1995, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

2. FY-97 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1996, shall be granted an increase to their per diem effective October 1, 1996, of three and seven-tenths percent (3.7%) of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., and the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on October 1, 1995, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

3. Nursing Facility Reimbursement Allowance (NFRA). Effective October 1, 1996, all facilities with either an interim rate or a prospective rate shall have its per diem adjusted to include the current NFRA as an allowable cost in its reimbursement rate calculation.

4. Minimum wage adjustment. All facilities with either an interim rate or a prospective rate in effect on November 1, 1996, shall be granted an increase to their per diem effective November 1, 1996, of two dollars and forty-five cents (\$2.45) to allow for the change in minimum wage. Utilizing Fiscal Year 1995 cost report data, the total industry hours reported for each payroll category was multiplied by the fifty-cent (50¢) increase, divided by the patient days for the facilities reporting hours for that payroll category, and factored up by eight and sixty-seven hundredths percent (8.67%) to account for the related increase to payroll taxes. This calculation excludes the director of nursing, the administrator, and assistant administrator.

5. Minimum wage adjustment. All facilities with either an interim rate or a prospective rate in effect on September 1, 1997, shall be granted an increase to their per diem effective September 1, 1997, of one dollar and ninety-eight cents (\$1.98) to allow for the change in minimum wage. Utilizing Fiscal Year 1995 cost report data, the total industry hours reported for each payroll category was multiplied by the forty-cent (40¢) increase, divided by the patient days for the facilities reporting hours for that payroll category, and factored up by eight and sixty-seven hundredths percent (8.67%) to account for the related increase to payroll taxes. This calculation excludes the director of nursing, the administrator, and assistant administrator.

6. FY-98 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1997, shall be granted an increase to their per diem effective October 1, 1997, of three and four-tenths percent (3.4%) of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., and the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015 for nursing facilities and 13 CSR 70-10.080 for HIV nursing facilities; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on October 1, 1995, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

7. FY-99 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1998, shall be granted an increase to their per diem effective October 1, 1998, of two and one-tenth percent (2.1%) of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015 for nursing facilities and 13 CSR 70-10.080 for HIV nursing facilities, and the minimum wage adjustments detailed in paragraphs (3)(A)4. and (3)(A)5. of this regulation; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on October 1, 1998, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

8. FY-2000 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on July 1, 1999, shall be granted an increase to their per diem effective July 1, 1999, of one and ninety-four hundredths percent (1.94%) of the cost determined in subsections (11)(A), (11)(B), (11)(C), the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015 for nursing facilities and 13 CSR 70-10.080 for HIV nursing facilities, and the minimum wage adjustments detailed in paragraphs (3)(A)4. and (3)(A)5. of this regulation; or

B. Facilities that were granted a prospective rate based on

paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on July 1, 1999, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

9. FY-2004 nursing facility operations adjustment—

A. Facilities with either an interim rate or prospective rate in effect on July 1, 2003, shall be granted an increase to their per diem effective for dates of service beginning July 1, 2003, through June 30, 2004, of four dollars and thirty-two cents (\$4.32) for the cost of nursing facility operations. Effective for dates of service beginning July 1, 2004, the per diem adjustment shall be reduced to three dollars and seventy-eight cents (\$3.78); and

B. The operations adjustment shall be added to the facility's current rate as of June 30, 2003, and is effective for payment dates after August 1, 2003.

10. FY-2007 quality improvement adjustment—

A. Facilities with either an interim rate or prospective rate in effect on July 1, 2006, shall be granted an increase to their per diem effective for dates of service beginning July 1, 2006, of three dollars and seventeen cents (\$3.17) to improve the quality of life for nursing facility residents; and

B. The quality improvement adjustment shall be added to the facility's current rate as of June 30, 2006, and is effective for dates of service beginning July 1, 2006, and after.

11. FY-2007 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on February 1, 2007, shall be granted an increase to their per diem rate effective for dates of service beginning February 1, 2007, of three dollars and zero cents (\$3.00) to allow for a trend adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's reimbursement rate as of January 31, 2007, and is effective for dates of service beginning February 1, 2007, for payment dates after March 1, 2007.

12. FY-2008 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2007, shall be granted an increase to their per diem rate effective for dates of service beginning July 1, 2007, of six dollars and zero cents (\$6.00) to allow for a trend adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2007, and is effective for dates of service beginning July 1, 2007.

13. FY-2009 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2008, shall be granted an increase to their per diem rate effective for dates of service beginning July 1, 2008, of six dollars and zero cents (\$6.00) to allow for a trend adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2008, and is effective for dates of service beginning July 1, 2008.

14. FY-2010 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2009, shall be granted an increase to their per diem rate effective for dates of service beginning July 1, 2009, of five dollars and fifty cents (\$5.50) to allow for a trend adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2009, and is effective for dates of service beginning July 1, 2009.

15. FY-2012 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on October 1, 2011, shall be granted an increase to their per diem rate effective for dates of service beginning October 1, 2011, of six dollars and zero cents (\$6.00) to allow for a trend adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's current rate as of September 30, 2011, and is effective for dates of service

beginning October 1, 2011; and

C. This increase is contingent upon the federal assessment rate limit increasing to six percent (6%) and is subject to approval by the Centers for Medicare and Medicaid Services.

16. FY-2013 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2012, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2012, of six dollars and zero cents (\$6.00) to allow for a trend adjustment to ensure quality nursing facility services;

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2012, and is effective for dates of service beginning July 1, 2012; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services.

17. FY-2014 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2013, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2013, of three percent (3.0%) of their current rate, less certain fixed cost items. The fixed cost items are the per diem amounts included in the facility's current rate from the following: subsection (2)(O) of 13 CSR 70-10.110, paragraphs (11)(D)1., (11)(D)2., (11)(D)3., (11)(D)4., (13)(B)3., and (13)(B)10. of 13 CSR 70-10.015;

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2013, and is effective for dates of service beginning July 1, 2013; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services.

18. FY-2015 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2014, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2014, of one dollar and twenty-five cents (\$1.25) to allow for a trend adjustment to ensure quality nursing facility services;

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2014, and is effective for dates of service beginning July 1, 2014; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services.

19. January 1, 2016 – June 30, 2016 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on January 1, 2016, shall be granted an increase to their per diem rate effective for dates of services beginning January 1, 2016, of two dollars and nine cents (\$2.09) to allow for a trend adjustment to ensure quality nursing facility services;

B. The trend adjustment will not be added to the facility's rate after June 30, 2016; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services and sufficient funding available through the Tax Amnesty Fund.

20. Continuation of FY-2016 trend adjustment and FY-2017 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2016, shall continue to be granted an increase to their per diem rate effective for dates of service beginning July 1, 2016, of two dollars and nine cents (\$2.09);

B. Facilities with either an interim rate or a prospective rate in effect on July 1, 2016, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2016, of two dollars and eighty-three cents (\$2.83) to allow for a trend adjustment to ensure quality nursing facility services;

C. The trend adjustment of two dollars and eighty-three cents (\$2.83) shall be added to the facility's rate as of June 30, 2016, which includes the two dollars and nine cents (\$2.09) increase, and is effective for dates of service beginning July 1, 2016; and

D. These increases are contingent upon approval by the Centers for Medicare and Medicaid Services.

21. FY-2018 per diem adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on August 1, 2017, shall be subject to a decrease in their per diem rate effective for dates of services August 1, 2017 through June 30, 2018, of five dollars and thirty-seven cents (\$5.37);

B. The per diem adjustment of five dollars and thirty-seven cents (\$5.37) shall be deducted from the facility's current rate as of July 31, 2017, and is effective for dates of service beginning August 1, 2017;

C. Effective for dates of service beginning July 1, 2018, the per diem decrease shall be reduced to four dollars and eighty-three cents (\$4.83). A per diem adjustment of fifty-four cents (\$0.54) shall be added to the facilities current rate as of June 30, 2018, which includes the five dollars and thirty-seven cents (\$5.37) decrease, and is effective for dates of service beginning July 1, 2018; and

D. This decrease is contingent upon approval by the Centers for Medicare and Medicaid Services.

22. FY-2019 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2018, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2018, of seven dollars and seventy-six cents (\$7.76) to allow for a trend adjustment to ensure quality nursing facility services;

B. The rate to which the FY-2019 trend adjustment of seven dollars and seventy-six cents (\$7.76) shall be added is the facility's rate as of July 1, 2018 set forth in subparagraph (3)(A)21.C. and is effective for dates of service beginning July 1, 2018. This trend adjustment shall result in a rate no greater than eight dollars and thirty cents (\$8.30) higher than the rate in effect on January 1, 2018; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services.

23. FY-2019 additional trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on February 1, 2019, shall be granted an increase to their per diem rate effective for dates of service February 1, 2019 through June 30, 2019, of one dollar and twenty-nine cents (\$1.29) to allow for a trend adjustment to ensure quality nursing facility services;

B. The per diem adjustment of one dollar and twenty-nine cents (\$1.29) shall be added to the facility's rate as of January 31, 2019, and is effective for dates of service beginning February 1, 2019 through June 30, 2019;

C. Effective for dates of service beginning July 1, 2019, the per diem increase shall be reduced to fifty-four cents (\$0.54). A per diem adjustment of seventy-five cents (\$0.75) shall be deducted from the facility's rate as of June 30, 2019, which includes the one dollar and twenty-nine cents (\$1.29) increase, and is effective for dates of service beginning July 1, 2019.

D. These per diem adjustments are contingent upon approval by the Centers for Medicare and Medicaid Services.

24. FY-2020 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on August 1, 2019, shall be granted an increase to their per diem rate effective for dates of service August 1, 2019 through June 30, 2020, of one dollar and sixty-one cents (\$1.61) to allow for a trend adjustment to ensure quality nursing facility services;

B. The rate to which the FY-2020 trend adjustment of one dollar and sixty-one cents (\$1.61) shall be added is the facility's rate as of July 31, 2019 set forth in subparagraph (13)(A)23.C. The FY-2020 trend adjustment shall be effective for dates of service beginning August 1, 2019 through June 30, 2020.

C. Effective for dates of service beginning July 1, 2020, the per diem increase shall be reduced to one dollar and forty-nine cents (\$1.49). A per diem adjustment of twelve cents (\$0.12) shall be deducted from the facility's rate as of June 30, 2020, which includes the one dollar and sixty-one cents (\$1.61) increase, and is effective for dates of service beginning July 1, 2020.

D. These per diem adjustments are contingent upon approval by the Centers for Medicare and Medicaid Services

*AUTHORITY: sections 208.153, 208.159, 208.201, and 660.017, RSMo 2016. Original rule filed July 1, 2008, effective Jan. 30, 2009. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Jan. 16, 2020, effective Jan. 31, 2020, expires July 28, 2020. A proposed amendment covering this same material will be published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will cost state agencies or political subdivisions approximately \$12.0 million in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate in the time the emergency is effective.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this emergency amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 10 - Nursing Home Program

Rule Number and Name:	13 CSR 70-10.016 Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services MO HealthNet Division	Estimated Cost for the time the Emergency is Effective = \$11,950,500
Non-State Government Owned Nursing Facilities (49)	No Estimated Costs of Compliance for the time the Emergency is Effective

III. WORKSHEET

Description	Nursing Facility Rate Increase	Hospice Nursing Home Room & Board	Total Impact
Estimated Paid Days – SFY ¹ 2020	8,025,724	927,574	
Per Diem Increase – Effective August 1, 2019	\$1.61	\$1.53	
Estimated Impact – SFY 2020	\$12,921,416	\$ 1,419,188	\$ 14,340,604
State Share (34.412%)	\$ 4,446,518	\$ 488,371	\$ 4,934,889
Federal Share (65.588%)	\$ 8,474,898	\$ 930,817	\$ 9,405,715
Total Annual Cost			\$14,340,604
Divided by 12 Months			÷ 12
Monthly Cost			\$1,195,050
Months Paid in the Time the Emergency is Effective:			
August 2019 – May 2020			x 10
Cost in the Time the Emergency is Effective			<u>\$11,950,500</u>

IV. ASSUMPTIONS

The Department of Social Services (DSS), MO HealthNet Division (MHD): The above impact to DSS, MHD was calculated using the following assumptions:

¹ State Fiscal Year.

Estimated Paid Days:**Nursing Facility:**

The estimated paid days for SFY 2020 for nursing facilities are based on the Medicaid days paid for nursing facility services during SFY 2019 increased by 0.5% for SFY 2020 and prorated for August 2019 – June 2020.

Hospice:

The estimated paid days for SFY 2020 for hospice are based on the actual hospice days provided in nursing facilities from January 2018 through December 2018 and prorated for August 2019 – June 2020.

Non-State Government Owned Nursing Facilities (49): This emergency amendment provides for a per diem increase to nursing facility and HIV nursing facility per diem reimbursement rates of one dollar and sixty-one cents (\$1.61) effective for dates of service beginning August 1, 2019, through June 30, 2020. The per diem increase is reduced to one dollar and forty-nine cents (\$1.49) effective for dates of service beginning July 1, 2020. Therefore, there are no costs of compliance to Medicaid enrolled non-state government owned nursing facilities.

Hospice: Hospice providers may be impacted by this regulation because reimbursement for hospice services provided in nursing facilities is based on the nursing facility per diem rate. MHD conducted a fiscal analysis using 13 CSR 70-50.010 to estimate the impact to hospice. Please note that this is an estimated analysis with the assumption of hospice appropriation authority.

Hospice Nursing Home Room and Board services are reimbursed 95% of the nursing facility per diem rate. The per diem increase of \$1.61 to the nursing facility rate effective for dates of service beginning August 1, 2019 through June 30, 2020 computes to an increase to hospice reimbursement rates resulting from this amendment of \$1.53 ($\$1.61 \times 95\%$).

Impact on Home and Community Based Services (HCBS):

HCBS provided on a monthly basis are limited to a percentage of the average monthly nursing facility payment (referred to as the HCBS cost cap). The HCBS cost cap for a given SFY is based on the average monthly nursing facility payments for the 12 months ending in April of the previous SFY. Therefore, the per diem increase of \$1.61 to the nursing facility rate effective for dates of service beginning August 1, 2019, through June 30, 2020, will not impact the HCBS cost cap for SFY 2020, but may impact the HCBS cost cap for SFY 2021. For SFY 2021, the HCBS cost cap is estimated to increase by approximately 3.42% as a result of this amendment. This may increase the amount of services, and the payments, for MO HealthNet participants that are at the cap.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 20—Division of Community and Public Health
Chapter 20—Communicable Diseases**

ORDER TERMINATING EMERGENCY AMENDMENT

By the authority vested in the Missouri Department of Health and Senior Services under section 192.006, RSMo 2016, and section 192.020, RSMo Supp. 2019, the department hereby terminates an emergency amendment effective January 30, 2020, as follows:

19 CSR 20-20.020 Reporting [Communicable, Environmental, and Occupational] Infectious, Contagious, Communicable, or Dangerous Diseases is terminated.

A notice of emergency rulemaking containing the text of the emergency amendment was published in the *Missouri Register* on August 1, 2019 (44 MoReg 2081-2082).

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 20—Division of Community and Public Health
Chapter 20—Communicable Diseases**

EMERGENCY AMENDMENT

19 CSR 20-20.020 Reporting Infectious, Contagious, Communicable, or Dangerous Diseases. The department is amending section (1).

PURPOSE: This amendment adds the 2019 Novel Coronavirus (2019-nCoV) to the list of diseases or findings that must be immediately reported.

EMERGENCY STATEMENT: The Department of Health and Senior Services ("DHSS") determined that this emergency amendment is necessary to protect the public health, safety, and welfare of Missouri residents and visitors.

This emergency amendment is necessary to ensure that the 2019 Novel Coronavirus (2019-nCoV) is reported to the local health authority or DHSS immediately upon detection. The Center for Disease Control and Prevention (CDC) is closely monitoring an outbreak of respiratory illness caused by a novel coronavirus first identified in Wuhan, Hubei Province, China. There are currently over 2,900 estimated cases with at least 82 deaths linked to this novel coronavirus (2019-nCoV). As of January 26, 2020, five cases have been confirmed in the United States (Arizona, California, Illinois, and Washington) of individuals traveling from Wuhan. Due to its severity and the rapid increase in the number of cases of this novel coronavirus, it is imperative for the local health authority or DHSS to be notified immediately upon detection in order to take appropriate measures. Finally, since 19 CSR 20-20.040 assigns duties, responsibilities, and actions to the DHSS director as well as local health authorities that are explicitly triggered by the detection of a condition listed in 19 CSR 20-20.020, the 2019 Novel Coronavirus (2019-nCoV) must be immediately added to 19 CSR 20-20.020.

DHSS needs this emergency amendment to ensure that the presence of the 2019 Novel Coronavirus (2019-nCoV) is reported to the local health authority or it immediately upon detection. This emergency amendment designates the diseases which are infectious, contagious, communicable or dangerous and must be reported to the local health authority or the Department of Health and Senior Services. It also establishes when they must be reported.

DHSS finds that there is an immediate danger to the public health, safety or welfare, which requires this emergency action. A proposed amendment, which covers the same material, is published in this

issue of the *Missouri Register*. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri and United States Constitutions*. DHSS believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed January 27, 2020, becomes effective February 10, 2020, and expires August 7, 2020.

(1) The diseases within the immediately reportable disease category pose a risk to national security because they: can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruption; and require special action for public health preparedness. Immediately reportable diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services immediately upon knowledge or suspicion by telephone (1 (800) 392-0272), facsimile, or other rapid communication. Immediately reportable diseases or findings are—

(A) Selected high priority diseases, findings or agents that occur naturally, from accidental exposure, or as the result of a bioterrorism event:

2019 Novel Coronavirus (2019-nCoV)

Anthrax

Botulism

Paralytic poliomyelitis

Plague

Rabies (Human)

Ricin toxin

Severe Acute Respiratory syndrome associated Coronavirus (SARS-CoV) Disease

Smallpox

Tularemia (suspected intentional release)

Viral hemorrhagic fevers, suspected intentional (e.g., Viral hemorrhagic fever diseases: Ebola, Marburg, Lassa, Lujo, new world Arenavirus (Guanarito, Machupo, Junin, and Sabia viruses), or Crimean-Congo);

(B) Instances, clusters, or outbreaks of unusual diseases or manifestations of illness and clusters or instances of unexplained deaths which appear to be a result of a terrorist act or the intentional or deliberate release of biological, chemical, radiological, or physical agents, including exposures through food, water, or air;

(C) Instances, clusters, or outbreaks of unusual, novel, and/or emerging diseases or findings not otherwise named in this rule, appearing to be naturally occurring, but posing a substantial risk to public health and/or social and economic stability due to their ease of dissemination or transmittal, associated mortality rates, or the need for special public health actions to control.

AUTHORITY: sections 192.006, 192.020, 210.040, and 210.050, RSMo 2016. This rule was previously filed as 13 CSR 50-101.020. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed June 28, 2019, effective July 8, 2019, [expired Feb. 27,] terminated Jan. 30, 2020. Amended: Filed June 28, 2019, effective Jan. 30, 2020. Emergency amendment filed Jan. 27, 2020, effective Feb. 10, 2020, expires Aug. 7, 2020. A proposed amendment covering this same material will be published in this issue of the *Missouri Register*.

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

EXECUTIVE ORDER 20-01

WHEREAS, Section 105.454(5), RSMo, requires the Governor to designate those members of his staff who have supervisory authority over each department, division, or agency of state government for purposes of the application of such subdivision.

NOW THEREFORE, I, MICHAEL L. PARSON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, do hereby designate the following members of my staff as having supervisory authority over the following departments, divisions, or agencies of state government for the purposes of Section 105.454(5), RSMo:

Office of Administration	Christopher K. Limbaugh
Department of Agriculture	Kayla Hahn
Department of Conservation	Kayla Hahn
Department of Corrections	Jeff Earl
Department of Economic Development	Aaron Willard
Department of Elementary and Secondary Education	Robert Knodell
Department of Health and Senior Services	Jeff Earl
Department of Higher Education	Robert Knodell
and Workforce Development	
Department of Commerce and Insurance	Jeff Earl
Department of Labor and Industrial Relations	Jeff Earl
Department of Mental Health	Jeff Earl
Department of Natural Resources	Christopher K. Limbaugh
Department of Public Safety	Christopher K. Limbaugh
Department of Revenue	Jeff Earl
Department of Social Services	Robert Knodell
Department of Transportation	Aaron Willard
Missouri Housing Development Commission	Kayla Hahn
Boards Assigned to the Governor	Robert Knodell
Unassigned Boards and Commissions	Kyle Aubuchon

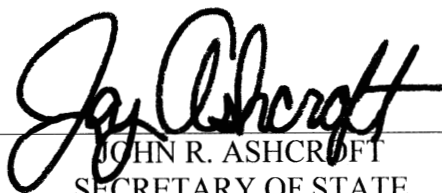
IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 3rd day of February, 2020.



MICHAEL L. PARSON
GOVERNOR



ATTEST:



JOHN R. ASHCROFT
SECRETARY OF STATE

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbolology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety- (90-) day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

**Title 5—DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION
Division 100—Missouri Commission for the Deaf and
Hard of Hearing
Chapter 200—Board for Certification of Interpreters**

PROPOSED AMENDMENT

5 CSR 100-200.085 Intern/Practicum Certification. The Missouri Commission for the Deaf and Hard of Hearing is amending section (1).

PURPOSE: This amendment will streamline the Intern/Practicum approval process by relying on authorities in the field to determine the quality of Interpreter Training Programs.

(1) Intern/Practicum Certification (IPC) will be granted to a student applicant upon verification of registration in an interpreting practicum or internship course in an Interpreter Training Program

(ITP) [that is recognized by the Board for Certification of Interpreters (BCI) and housed in a regionally accredited institution of higher education] that is under the jurisdiction of a college or training program recognized by the United States Secretary of Education or the Commission on Collegiate Interpreter Education (CCIE) as being regionally or nationally accredited, or as approved by the Board for Certification of Interpreters (BCI).

AUTHORITY: sections 209.295(8) and 209.297(2), RSMo [2000] 2016. Original rule filed Nov. 27, 1996, effective July 30, 1997. Rescinded and readopted: Filed July 26, 2001, effective March 30, 2002. Amended: Filed Jan. 30, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Missouri Commission for the Deaf and Hard of Hearing, 3216 Emerald Drive, Suite B, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 5—DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION
Division 100—Missouri Commission for the Deaf and
Hard of Hearing
Chapter 200—Board for Certification of Interpreters**

PROPOSED AMENDMENT

5 CSR 100-200.150 Fees. The Missouri Commission for the Deaf and Hard of Hearing is amending section (3).

PURPOSE: This amendment would create the option to pay all fees online, as well as maintaining the system to pay in the form of cashier's check or money order.

(3) Payment of all fees must be made in the form of either a cashier's check or money order made payable to "MCDHH/BCI Fund/." or through a state-approved online payment method as indicated on the Missouri Commission for the Deaf and Hard of Hearing (MCDHH) website www.mcdhh.mo.gov. No personal checks or cash will be accepted.

AUTHORITY: sections 209.292, 209.295, and 209.311, RSMo 2016. Original rule filed June 20, 1996, effective Jan. 30, 1997. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 30, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities an estimate of one thousand four hundred ninety-one dollars (\$1,491) annually.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Missouri

*Commission for the Deaf and Hard of Hearing, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Title 5—Department of Elementary and Secondary Education
Division Title: Division 100—Missouri Commission for the Deaf and Hard of Hearing
Chapter Title: Chapter 200—Board for Certification of Interpreters**

Rule Number and Title:	5 CSR 100-200.150
Type of Rulemaking:	Proposed Rulemaking

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
228	Interpreter Candidates	\$597 per year
684	Certified Interpreters	\$894 per year
		Total= \$1,491

III. WORKSHEET

TEP: 96 testers x \$1.25 online payment fee= \$120 per year
Basic Performance: 40 testers x 2.15% of \$285=\$245.20 per year
Advanced and Master Performance: 20 testers x 2.15% of \$310=\$133.40 per year
Intern/Practicum: 53 applicants x \$1.25 online payment fee= \$66.25 per year
PCED: 17 applicants x \$1.75 online payment fee= \$29.75 per year
Provisional Certification: 2 applicants x \$1.25 online payment fee= \$2.50 per year

Renewal Fee/CEU Processing Fee: 606 Interpreters x \$1.25 online payment fee= \$757.50 per year

Conversion: 16 Interpreters x \$1.75 online payment fee= \$28.00 per year

Reinstatement: 62 Interpreters x \$1.75 online payment fee= \$108.50 per year

The annual amount to private entities is \$1,491 per year.

IV. ASSUMPTIONS

Online payment transactions will incur a transaction fee based upon the total transaction amount.
 Current fee structure as per Jet Pay's agreement with OA (office of administration):

0 up to 50.00	\$1.25
50.01 to 75.00	\$1.75

75.01 to 100.00	\$2.15
Over 100.00	2.15%

Based on the TEP, Basic Performance, Advanced and Master Performance, Intern/Practicum, PCED (Provisional Certificate in Education) and the Provisional Certifications for 2017, 2018 and 2019, it is estimated to have 228 Interpreter Candidates per year.

The estimated number of TEP testers is 96 per year.

The estimated number of Basic testers is 40 per year.

The estimated number of Advanced and Master testers combined is 20 per year.

The estimated number of Intern/Practicums applicants is 53 per year.

The estimated number of PCED (Provisional Certificate in Education) candidates is 17 per year.

The estimated number of Provisional Certification candidates is 2 per year.

Based on the Renewal fee/CEU processing fees, Conversions and Reinstatement fees for 2017, 2018 and 2019, it is estimated to have 684 Interpreters per year.

The estimated number of Renewal fee/CEU processing fees for interpreters is 606 per year.

The estimated number of Conversions for interpreters is 16 per year.

The estimated number of Reinstatements for interpreters is 62 per year.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 3—Conditions of Provider Participation,
Reimbursement and Procedure of General Applicability

PROPOSED AMENDMENT

13 CSR 70-3.100 Filing of Claims, MO HealthNet Program. MO HealthNet is amending sections (1), (2), and (7).

PURPOSE: This amendment changes the claim form requirements for providers filing Pharmacy Claims, Professional Services Claims, and Dental Claims.

(1) Claim forms used for filing MO HealthNet services as appropriate to the provider of services are—

(B) Pharmacy Claim—[MO-8803, Revision 11/00 or] **Point-of-Service (POS)**, on-line claim format—NCPDP current version, or electronic claim submission;

(D) Professional Services Claim—[CMS-1500, Revision 12/90,] **CMS-1500 form (02-12) version** or electronic claim submission;

(E) Dental Claim—American Dental Association (ADA) [2002, 2004] **2019** revision, Dental Form, or electronic claim submission; or

(2) Specific claims filing instructions are modified as necessary for efficient and effective administration of the program as required by federal or state law or regulation. For specific claim filing instructions information, reference the appropriate:/—

(A) MO HealthNet provider manual, which is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <http://manuals.momed.com/manuals/>, [September 27, 2018] **January 15, 2020**. This rule does not incorporate any subsequent amendments or additions; and

[(B) *Provider Bulletins, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <https://dss.mo.gov/mhd/providers/pages/bulletins.htm>, September 27, 2018. This rule does not incorporate any subsequent amendments or additions; or]*

[(C)](B) Forms, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <http://manuals.momed.com/manuals/presentation/forms.jsp>, [September 27, 2018] **January 15, 2020**. This rule does not incorporate any subsequent amendments or additions.

(7) Definitions.

(D) Date of service—The date of service which is used as the beginning point for determining the timely filing limit applies to the various claim types as follows:

1. Nursing home—The through date or ending date of service for each line item for each participant listed on the claim;

2. Pharmacy—The date dispensed for each line item for each individual participant listed [on the paper claim form, or] on electronically submitted claims through point-of-service (POS) or the Internet;

3. Outpatient hospital—The ending date of service for each individual line item on the claim;

4. Professional services (CMS-1500)—The ending date of service for each individual line item on the claim;

5. Dental—The date service was performed for each individual line item on the claim;

6. Inpatient hospital—The through date of service in the area indicating the claimed period of service; and

7. For service which involves the providing of dentures, hearing aids, eyeglasses, or items of durable medical equipment; for example, artificial larynx, braces, hospital beds, wheelchairs, the date of service will be the date of delivery or placement of the device or item.

AUTHORITY: sections 208.153, 208.201, and 660.017, RSMo 2016. This rule was previously filed as 13 CSR 40-81.070 and 13 CSR 40-81.071. Original rule filed June 2, 1976, effective Oct. 11, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 22, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Department of Social Services, MO HealthNet Division, PO Box 6500, Jefferson City, MO 65102. To be considered comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 10—Nursing Home Program

PROPOSED AMENDMENT

13 CSR 70-10.016 Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates. The division is adding paragraph (3)(A)24.

PURPOSE: This proposed amendment provides for a per diem increase to nursing facility and HIV nursing facility per diem reimbursement rates of one dollar and sixty-one cents (\$1.61) effective for dates of service August 1, 2019 through June 30, 2020. The per diem increase shall be reduced to one dollar and forty-nine cents (\$1.49) effective for dates of service beginning July 1, 2020. These per diem adjustments correspond to the state fiscal year (SFY) 2020 appropriation for nursing facilities and are contingent upon approval by the Centers for Medicare and Medicaid Services (CMS).

(3) Adjustments to the Reimbursement Rates. Subject to the limitations prescribed in 13 CSR 70-10.015, a nursing facility's reimbursement rate may be adjusted as described in this section. Subject to the limitations prescribed in 13 CSR 70-10.080, an HIV nursing facility's reimbursement rate may be adjusted as described in this section.

(A) Global Per Diem Rate Adjustments. A facility with either an interim rate or a prospective rate may qualify for the global per diem rate adjustments. Global per diem rate adjustments shall be added to the specified cost component ceiling.

1. FY-96 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1995, shall be granted an increase to their per diem effective October 1, 1995, of four and six-tenths percent (4.6%) of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., and the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on October 1, 1995, shall have their increase determined by subsection

(3)(S) of 13 CSR 70-10.015.

2. FY-97 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1996, shall be granted an increase to their per diem effective October 1, 1996, of three and seven-tenths percent (3.7%) of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., and the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on October 1, 1995, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

3. Nursing Facility Reimbursement Allowance (NFRA). Effective October 1, 1996, all facilities with either an interim rate or a prospective rate shall have its per diem adjusted to include the current NFRA as an allowable cost in its reimbursement rate calculation.

4. Minimum wage adjustment. All facilities with either an interim rate or a prospective rate in effect on November 1, 1996, shall be granted an increase to their per diem effective November 1, 1996, of two dollars and forty-five cents (\$2.45) to allow for the change in minimum wage. Utilizing Fiscal Year 1995 cost report data, the total industry hours reported for each payroll category was multiplied by the fifty-cent (50¢) increase, divided by the patient days for the facilities reporting hours for that payroll category, and factored up by eight and sixty-seven hundredths percent (8.67%) to account for the related increase to payroll taxes. This calculation excludes the director of nursing, the administrator, and assistant administrator.

5. Minimum wage adjustment. All facilities with either an interim rate or a prospective rate in effect on September 1, 1997, shall be granted an increase to their per diem effective September 1, 1997, of one dollar and ninety-eight cents (\$1.98) to allow for the change in minimum wage. Utilizing Fiscal Year 1995 cost report data, the total industry hours reported for each payroll category was multiplied by the forty-cent (40¢) increase, divided by the patient days for the facilities reporting hours for that payroll category, and factored up by eight and sixty-seven hundredths percent (8.67%) to account for the related increase to payroll taxes. This calculation excludes the director of nursing, the administrator, and assistant administrator.

6. FY-98 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1997, shall be granted an increase to their per diem effective October 1, 1997, of three and four-tenths percent (3.4%) of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., and the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015 for nursing facilities and 13 CSR 70-10.080 for HIV nursing facilities; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on October 1, 1995, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

7. FY-99 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on October 1, 1998, shall be granted an increase to their per diem effective October 1, 1998, of two and one-tenth percent (2.1%) of the cost determined in paragraphs (11)(A)1., (11)(B)1., (11)(C)1., the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015 for nursing facilities and 13 CSR 70-10.080 for HIV nursing facilities, and the minimum wage adjustments detailed in paragraphs (3)(A)4. and (3)(A)5. of this regulation; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on October 1, 1998, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

8. FY-2000 negotiated trend factor—

A. Facilities with either an interim rate or prospective rate in effect on July 1, 1999, shall be granted an increase to their per diem

effective July 1, 1999, of one and ninety-four hundredths percent (1.94%) of the cost determined in subsections (11)(A), (11)(B), (11)(C), the property insurance and property taxes detailed in subsection (11)(D) of 13 CSR 70-10.015 for nursing facilities and 13 CSR 70-10.080 for HIV nursing facilities, and the minimum wage adjustments detailed in paragraphs (3)(A)4. and (3)(A)5. of this regulation; or

B. Facilities that were granted a prospective rate based on paragraph (12)(A)2. of 13 CSR 70-10.015 that is in effect on July 1, 1999, shall have their increase determined by subsection (3)(S) of 13 CSR 70-10.015.

9. FY-2004 nursing facility operations adjustment—

A. Facilities with either an interim rate or prospective rate in effect on July 1, 2003, shall be granted an increase to their per diem effective for dates of service beginning July 1, 2003, through June 30, 2004, of four dollars and thirty-two cents (\$4.32) for the cost of nursing facility operations. Effective for dates of service beginning July 1, 2004, the per diem adjustment shall be reduced to three dollars and seventy-eight cents (\$3.78); and

B. The operations adjustment shall be added to the facility's current rate as of June 30, 2003, and is effective for payment dates after August 1, 2003.

10. FY-2007 quality improvement adjustment—

A. Facilities with either an interim rate or prospective rate in effect on July 1, 2006, shall be granted an increase to their per diem effective for dates of service beginning July 1, 2006, of three dollars and seventeen cents (\$3.17) to improve the quality of life for nursing facility residents; and

B. The quality improvement adjustment shall be added to the facility's current rate as of June 30, 2006, and is effective for dates of service beginning July 1, 2006, and after.

11. FY-2007 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on February 1, 2007, shall be granted an increase to their per diem rate effective for dates of service beginning February 1, 2007, of three dollars and zero cents (\$3.00) to allow for a trend adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's reimbursement rate as of January 31, 2007, and is effective for dates of service beginning February 1, 2007, for payment dates after March 1, 2007.

12. FY-2008 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2007, shall be granted an increase to their per diem rate effective for dates of service beginning July 1, 2007, of six dollars and zero cents (\$6.00) to allow for a trend adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2007, and is effective for dates of service beginning July 1, 2007.

13. FY-2009 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2008, shall be granted an increase to their per diem rate effective for dates of service beginning July 1, 2008, of six dollars and zero cents (\$6.00) to allow for a trend adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2008, and is effective for dates of service beginning July 1, 2008.

14. FY-2010 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2009, shall be granted an increase to their per diem rate effective for dates of service beginning July 1, 2009, of five dollars and fifty cents (\$5.50) to allow for a trend adjustment to ensure quality nursing facility services; and

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2009, and is effective for dates of service beginning July 1, 2009.

15. FY-2012 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on October 1, 2011, shall be granted an increase to their per diem rate effective for dates of service beginning October 1, 2011, of six dollars and zero cents (\$6.00) to allow for a trend adjustment to ensure quality nursing facility services;

B. The trend adjustment shall be added to the facility's current rate as of September 30, 2011, and is effective for dates of service beginning October 1, 2011; and

C. This increase is contingent upon the federal assessment rate limit increasing to six percent (6%) and is subject to approval by the Centers for Medicare and Medicaid Services.

16. FY-2013 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2012, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2012, of six dollars and zero cents (\$6.00) to allow for a trend adjustment to ensure quality nursing facility services;

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2012, and is effective for dates of service beginning July 1, 2012; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services.

17. FY-2014 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2013, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2013, of three percent (3.0%) of their current rate, less certain fixed cost items. The fixed cost items are the per diem amounts included in the facility's current rate from the following: subsection (2)(O) of 13 CSR 70-10.110, paragraphs (11)(D)1., (11)(D)2., (11)(D)3., (11)(D)4., (13)(B)3., and (13)(B)10. of 13 CSR 70-10.015;

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2013, and is effective for dates of service beginning July 1, 2013; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services.

18. FY-2015 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2014, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2014, of one dollar and twenty-five cents (\$1.25) to allow for a trend adjustment to ensure quality nursing facility services;

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2014, and is effective for dates of service beginning July 1, 2014; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services.

19. January 1, 2016 – June 30, 2016 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on January 1, 2016, shall be granted an increase to their per diem rate effective for dates of services beginning January 1, 2016, of two dollars and nine cents (\$2.09) to allow for a trend adjustment to ensure quality nursing facility services;

B. The trend adjustment will not be added to the facility's rate after June 30, 2016; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services and sufficient funding available through the Tax Amnesty Fund.

20. Continuation of FY-2016 trend adjustment and FY-2017 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2016, shall continue to be granted an increase to their per diem rate effective for dates of service beginning July 1, 2016, of two dollars and nine cents (\$2.09);

B. Facilities with either an interim rate or a prospective rate in effect on July 1, 2016, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2016, of

two dollars and eighty-three cents (\$2.83) to allow for a trend adjustment to ensure quality nursing facility services;

C. The trend adjustment of two dollars and eighty-three cents (\$2.83) shall be added to the facility's rate as of June 30, 2016, which includes the two dollars and nine cents (\$2.09) increase, and is effective for dates of service beginning July 1, 2016; and

D. These increases are contingent upon approval by the Centers for Medicare and Medicaid Services.

21. FY-2018 per diem adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on August 1, 2017, shall be subject to a decrease in their per diem rate effective for dates of services August 1, 2017 through June 30, 2018, of five dollars and thirty-seven cents (\$5.37);

B. The per diem adjustment of five dollars and thirty-seven cents (\$5.37) shall be deducted from the facility's current rate as of July 31, 2017, and is effective for dates of service beginning August 1, 2017;

C. Effective for dates of service beginning July 1, 2018, the per diem decrease shall be reduced to four dollars and eighty-three cents (\$4.83). A per diem adjustment of fifty-four cents (\$0.54) shall be added to the facilities current rate as of June 30, 2018, which includes the five dollars and thirty-seven cents (\$5.37) decrease, and is effective for dates of service beginning July 1, 2018; and

D. This decrease is contingent upon approval by the Centers for Medicare and Medicaid Services.

22. FY-2019 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2018, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2018, of seven dollars and seventy-six cents (\$7.76) to allow for a trend adjustment to ensure quality nursing facility services;

B. The rate to which the FY-2019 trend adjustment of seven dollars and seventy-six cents (\$7.76) shall be added is the facility's rate as of July 1, 2018 set forth in subparagraph (3)(A)21.C. and is effective for dates of service beginning July 1, 2018. This trend adjustment shall result in a rate no greater than eight dollars and thirty cents (\$8.30) higher than the rate in effect on January 1, 2018; and

C. This increase is contingent upon approval by the Centers for Medicare and Medicaid Services.

23. FY-2019 additional trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on February 1, 2019, shall be granted an increase to their per diem rate effective for dates of service February 1, 2019 through June 30, 2019, of one dollar and twenty-nine cents (\$1.29) to allow for a trend adjustment to ensure quality nursing facility services;

B. The per diem adjustment of one dollar and twenty-nine cents (\$1.29) shall be added to the facility's rate as of January 31, 2019, and is effective for dates of service beginning February 1, 2019 through June 30, 2019;

C. Effective for dates of service beginning July 1, 2019, the per diem increase shall be reduced to fifty-four cents (\$0.54). A per diem adjustment of seventy-five cents (\$0.75) shall be deducted from the facility's rate as of June 30, 2019, which includes the one dollar and twenty-nine cents (\$1.29) increase, and is effective for dates of service beginning July 1, 2019.

D. These per diem adjustments are contingent upon approval by the Centers for Medicare and Medicaid Services.

24. FY-2020 trend adjustment—

A. Facilities with either an interim rate or a prospective rate in effect on August 1, 2019, shall be granted an increase to their per diem rate effective for dates of service August 1, 2019 through June 30, 2020, of one dollar and sixty-one cents (\$1.61) to allow for a trend adjustment to ensure quality nursing facility services;

B. The rate to which the FY-2020 trend adjustment of one dollar and sixty-one cents (\$1.61) shall be added is the facility's rate as of July 31, 2019 set forth in subparagraph (3)(A)23.C.

The FY-2020 trend adjustment shall be effective for dates of service beginning August 1, 2019 through June 30, 2020;

C. Effective for dates of service beginning July 1, 2020, the per diem increase shall be reduced to one dollar and forty-nine cents (\$1.49). A per diem adjustment of twelve cents (\$0.12) shall be deducted from the facility's rate as of June 30, 2020, which includes the one dollar and sixty-one cents (\$1.61) increase, and is effective for dates of service beginning July 1, 2020; and

D. These per diem adjustments are contingent upon approval by the Centers for Medicare and Medicaid Services.

*AUTHORITY: sections 208.153, 208.159, 208.201, and 660.017, RSMo 2016. Original rule filed July 1, 2008, effective Jan. 30, 2009. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Jan. 16, 2020, effective Jan. 31, 2020, expires July 28, 2020. Amended: Filed Jan. 16, 2020.*

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately \$14.3 million in SFY 2020.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 10 - Nursing Home Program

Rule Number and Name:	13 CSR 70-10.016 Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services MO HealthNet Division	Estimated Cost for SFY ¹ 2020 = \$14,340,604
Non-State Government Owned Nursing Facilities (49)	No estimated costs of compliance for SFY 2020.

III. WORKSHEET

Description	Nursing Facility Rate Increase	Hospice Nursing Home Room & Board	Total Impact
Estimated Paid Days – SFY 2020	8,025,724	927,574	
Per Diem Increase – Effective August 1, 2019	\$1.61	\$1.53	
Estimated Impact – SFY 2020	\$12,921,416	\$ 1,419,188	\$ 14,340,604
State Share (34.412%)	\$ 4,446,518	\$ 488,371	\$ 4,934,889
Federal Share (65.688%)	\$ 8,474,898	\$ 930,817	\$ 9,405,715

IV. ASSUMPTIONS

The Department of Social Services (DSS), MO HealthNet Division (MHD): The above impact to DSS, MHD was calculated using the following assumptions:

Estimated Paid Days:

Nursing Facility:

The estimated paid days for SFY 2020 for nursing facilities are based on the Medicaid days paid for nursing facility services during SFY 2019 increased by 0.5% for SFY 2020 and prorated for August 2019 – June 2020.

¹ State Fiscal Year

Hospice:

The estimated paid days for SFY 2020 for hospice are based on the actual hospice days provided in nursing facilities from January 2018 through December 2018 and prorated for August 2019 – June 2020.

Non-State Government Owned Nursing Facilities (49): This proposed amendment provides for a per diem increase to nursing facility and HIV nursing facility per diem reimbursement rates of one dollar and sixty-one cents (\$1.61) effective for dates of service beginning August 1, 2019, through June 30, 2020. The per diem increase is reduced to one dollar and forty-nine cents (\$1.49) effective for dates of service beginning July 1, 2020, so there are no costs of compliance to Medicaid enrolled non-state government owned nursing facilities.

Hospice: Hospice providers may be impacted by this regulation because reimbursement for hospice services provided in nursing facilities is based on the nursing facility per diem rate. MHD conducted a fiscal analysis using 13 CSR 70-50.010 to estimate the impact to hospice. Please note this is an estimated analysis with the assumption of hospice appropriation authority.

Hospice Nursing Home Room and Board services are reimbursed 95% of the nursing facility per diem rate. The per diem increase of \$1.61 to the nursing facility rate effective for dates of service beginning August 1, 2019 through June 30, 2020 computes to an increase to hospice reimbursement rates resulting from this amendment of \$1.53 ($\$1.61 \times 95\%$).

Impact on Home and Community Based Services (HCBS):

HCBS provided on a monthly basis are limited to a percentage of the average monthly nursing facility payment (referred to as the HCBS cost cap). The HCBS cost cap for a given SFY is based on the average monthly nursing facility payments for the 12 months ending in April of the previous SFY. Therefore, the per diem increase of \$1.61 to the nursing facility rate effective for dates of service beginning August 1, 2019 through June 30, 2020 will not impact the HCBS cost cap for SFY 2020 but may impact the HCBS cost cap for SFY 2021. For SFY 2021, the HCBS cost cap is estimated to increase by approximately 3.42% as a result of this amendment. This may increase the amount of services, and the payments, for MO HealthNet participants that are at the cap.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 20—Pharmacy Program

PROPOSED AMENDMENT

13 CSR 70-20.340 National Drug Code Requirement. The division is amending section (1), removing section (2), and renumbering as necessary.

PURPOSE: The purpose of this amendment is remove the reference to J-Code and expand the National Drug Code (NDC) requirement to all drug HCPCS procedure codes.

(1) Drug charges submitted by providers on an electronic Professional or Institutional ASC X12 837 Health Care claim transaction or manually entered on a medical or outpatient claim into MHD's billing website eMOMED (www.emomed.com), are to be billed with a valid *[J-Code]* **Healthcare Common Procedure Coding System (HCPCS) procedure code** and a valid NDC for each medication, including injections, provided to the participant. Medical or outpatient claim lines submitted with a *[J-Code]* **HCPCS procedure code** without the corresponding NDC will be denied. For medical or outpatient claims correctly submitted with the appropriate *[J-Code]* **HCPCS procedure code** and the corresponding NDC, the system will automatically generate a separate drug claim for the NDC to process as a pharmacy claim, and will appear as a separate claim on your Remittance Advice. The corresponding line with *[J-Code]* **HCPCS procedure code** and NDC will be dropped from the medical or outpatient claim. If an NDC is not provided, the *[J-Code]* **HCPCS procedure code** will remain on the claim to report the denied line. *[If the drug being provided does not have a J-Code associated with it, the appropriate Healthcare Common Procedure Coding System (HCPCS) procedure code should be submitted with an NDC.]* For drugs without a valid HCPCS procedure code, revenue code 0250 "General Classification: Pharmacy" must be used with the appropriate NDC. Only drugs and items used during outpatient care in the hospital are covered. Take-home medications and supplies are not covered by MHD under the Hospital Program.

[(2)] A critical component to submitting claims with an NDC is to ensure that the appropriate HCPCS procedure code is billed with each NDC. To ensure accurate billing of drug charges, MHD will use the Noridian Crosswalk (www.dmedp-dac.com) to determine whether the appropriate HCPCS procedure code is billed for the submitted NDC. Claims will be denied if the NDC submitted is not valid for the HCPCS procedure code submitted.]

[(3)](2) Effective for dates of service on or after April 1, 2016, the MO HealthNet Division (MHD) will require the National Drug Code (NDC) for all medications administered in the clinic or outpatient hospital setting, to comply with federal law. MHD must collect the eleven-(11-) digit NDC on all outpatient drug claims submitted to MHD from all providers for rebate purposes in order to receive federal financial participation. Providers are required to submit their claims with the exact NDC that appears on the product dispensed or administered to receive payment from MHD. The NDC is found on the medication's packaging and must be submitted in the five (5) digit – four (4) digit – two (2) digit format. If the NDC does not appear in the five (5) digit – four (4) digit – two (2) digit format on the packaging, zero(s) (0) may be entered in front of the section that does not have the required number of digits.

[(4)](3) All drug claims shall be routed through an automated computer system to apply edits specifically designed to ensure effective drug utilization. The Preferred Drug List (PDL) and clinical edits

are designed to enhance patient care and optimize the use of program funds through therapeutically prudent use of pharmaceuticals. The edits are based on evidence-based clinical criteria and nationally recognized peer-reviewed information. This clinical information is paired with fiscal evaluation and then developed into a therapeutic class PDL recommendation. The PDL process incorporates clinical edits, including step therapies, into the MHD pharmacy program. Claims for drugs will automatically and transparently be approved for those patients who meet any of the system approval criteria. For those patients who do not meet the system approval criteria, the drugs will require a call to the MHD Drug Prior Authorization hotline at (800) 392-8030 to initiate a review and potentially authorize payment of claims. Providers may also use the CyberAccess tool to prospectively determine if a drug is a preferred agent or requires edit override, electronically initiate an edit override review, and to review a participant's MHD paid claim history.

[(5)](4) The quantity to be billed for injectables and other types of medications dispensed to MHD participants must be calculated as follows:

(A) Containers of medication in solution (for example, ampoules, bags, bottles, vials, syringes) must be billed by exact cubic centimeters or milliliters (cc or mL) dispensed, even if the quantity includes a decimal (e.g., if three (3) 0.5 mL vials are dispensed, the correct quantity to bill is 1.5 mL);

(B) Single dose syringes and single dose vials must be billed per cubic centimeters or milliliters (cc or mL), rather than per syringe or per vial;

(C) Ointments must be billed per number of grams even if the quantity includes a decimal;

(D) Eye drops must be billed per number of cubic centimeters or milliliters (cc or mL) in each bottle even if the quantity includes a decimal;

(E) Powder filled vials and syringes that require reconstitution must be billed by the number of vials;

(F) Combination products, which consist of devices and drugs, designed to be used together, are to be billed as a kit. Quantity will be the number of kits used;

(G) The product Herceptin, by Genentech, must be billed by milligram rather than by vial due to the stability of the drug; and

(H) Non-Vaccines for Children (VFC) Immunizations and vaccines must be billed by the cubic centimeters or milliliters (cc or mL) dispensed, rather than per dose.

[(6)](5) Radiopharmaceuticals used in radiologic procedures may be billed separately using the appropriate HCPCS code and/or the NDC representing the materials or agent used in the procedure. If available, MHD would prefer the NDC for reporting purposes. If the material or agent used does not have an NDC, the appropriate HCPCS code alone is acceptable. All HCPCS codes for radiopharmaceuticals are manually priced and must be billed with the manufacturer's invoice of cost attached to the claim.

AUTHORITY: sections 208.201 and 660.017, RSMo 2016. Emergency rule filed June 19, 2015, effective July 1, 2015, expired Dec. 28, 2015. Original rule filed July 1, 2015, effective Feb. 29, 2016. Amended: Filed Sept. 27, 2018, effective May 30, 2019. Amended: Filed Jan. 16, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the

Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 60—Durable Medical Equipment Program

PROPOSED AMENDMENT

13 CSR 70-60.010 Durable Medical Equipment Program. The division is amending sections (1), (2), (4), (6), (7), adding a new section (9), and renumbering existing sections (9) through (11).

PURPOSE: This amendment incorporates the requirements of federal regulation, 42 CFR 440.70. These changes include a definition of where durable medical equipment (DME) services may be provided, and adds face-to-face encounter and documentation requirements. In addition, this amendment updates terminology, the MO HealthNet Division website address, and the incorporated by reference date.

(1) Administration. The MO HealthNet Durable Medical Equipment (DME) program shall be administered by the Department of Social Services, MO HealthNet Division. The services and items covered and not covered, the program limitations, and the maximum allowable fees for all covered services shall be determined by the Department of Social Services, MO HealthNet Division and shall be included in the DME provider manual *[and bulletins]*, which *[are]* incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO *[65102]* **65109**, at its website at www.dss.mo.gov/mhd *[http://manuals.momed.com/collections/collection_dme/print.pdf, November 1, 2013]* **September 6, 2019**. This rule does not incorporate any subsequent amendments or additions.

(2) Persons Eligible. Any person who is eligible for MO HealthNet benefits as determined by the Family Support Division is eligible for DME when the DME is medically necessary *[as determined]*. DME must be prescribed by the *[treating]* participant's physician *[or advanced practice nurse in a collaborative practice arrangement]* and reviewed by the physician annually. Covered services are limited as specified in the DME provider manual *[and bulletins]*.

(4) Definition for Durable Medical Equipment and appliances. DME is equipment and appliances that can withstand repeated use, can be reusable or removable, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of *[an]* a disability, illness, or injury, and is appropriate for use in *[the home]* any setting in which normal life activities take place as defined in 42 CFR 440.70(c)(1). All requirements of the definition must be met in order for the equipment to be covered by MO HealthNet. 42 CFR 440.70 is published by the Federal Register, at <https://www.ecfr.gov/>. A copy of 42 CFR 440.70 as of January 3, 2020, is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <https://dssruletracker.mo.gov/dss-proposed-rules/welcome.action>. This rule does not incorporate subsequent amendments or additions.

(6) Covered Services. It is the provider's responsibility to determine the coverage benefits for a MO HealthNet eligible participant based

on his or her type of assistance as outlined in the DME manual *[and bulletins]*. Reimbursement will be made to qualified participating DME providers only for DME items, *[determined]* prescribed by the participant's *[treating]* physician *[or advanced practice nurse in a collaborative practice arrangement]* to be medically necessary. Specific procedure codes that are covered under the DME program are listed in Section 19 of the DME provider manual *[and bulletins]*, which *[are]* incorporated by reference and made a part of this rule *[as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65102, at its website at www.dss.mo.gov/mhd, November 1, 2013. This rule does not incorporate any subsequent amendment or additions]*. These items must be suitable for use in *[the participant's home]* any setting in which normal life activities take place, as defined in 42 CFR 440.70(c)(1) when ordered in writing by the participant's physician *[or advanced practice nurse in a collaborative practice arrangement]*. Although an item is classified as DME, it may not be covered in every instance. Coverage is based on the fact that the item is reasonable and necessary for treatment of the illness or injury, or to improve the functioning of a malformed or permanently inoperative body part, and the equipment meets the definition of DME. Even though a DME item may serve some useful, medical purpose, consideration must be given by the physician *[or advanced practice nurse in a collaborative arrangement]* and the DME supplier to what extent, if any, it is reasonable for MO HealthNet to pay for the item as opposed to another realistically feasible alternative pattern of care. Consideration should be given by the physician *[or advanced practice nurse in a collaborative practice arrangement]* and the DME supplier as to whether the item serves essentially the same purpose as equipment already available to the participant. If two (2) different items each meet the need of the participant, the less expensive item must be employed, all other conditions being equal.

(7) Documentation. The DME provider and physician *[or advanced practice nurse in a collaborative practice arrangement]* shall document how they determined *[what was]* the least expensive, feasible alternative for treatment of the disability, illness or injury, or to improve the functioning of a malformed or permanently inoperative body part and maintain documentation in compliance with 13 CSR 70-3.030.

(9) Face-to-face encounter and documentation requirements.

(A) For certain items of DME, a face-to-face encounter is required, as indicated in 42 CFR 440.70(g)(1). A list of DME items subject to face-to-face encounter requirements may be found at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment.html>, revised March 26, 2015. A copy of the list of DME items subject to face-to-face encounter requirements as of January 3, 2020, is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <https://dssruletracker.mo.gov/dss-proposed-rules/welcome.action>. This rule does not incorporate subsequent amendments or additions.

(B) No Medicaid payment for items of DME for which a face-to-face encounter is required shall be made unless there is documentation of a face-to-face encounter that meets the following criteria:

1. Related to the primary reason the beneficiary requires medical equipment;
2. Occurs no more than six (6) months prior to the written order;
3. Occurs prior to the date of service delivery; and
4. Conducted by a physician (M.D. or D.O.) or one (1) of the

following non-physician practitioners (NPP):

A. A nurse practitioner working in collaboration with a physician;

B. A clinical nurse specialist working in collaboration with a physician; or

C. A physician assistant, under the supervision of a physician.

(C) The physician responsible for ordering the DME service must document the face-to-face encounter which is related to the primary reason the participant requires the DME. If an allowed NPP performs the face-to-face encounter, the clinical findings of that face-to-face encounter must be communicated to the enrolled ordering physician and be incorporated into the ordering physician's medical record for the participant.

(D) The DME provider must ensure that it has received the face-to-face documentation for each item of DME and for each participant for whom it is required. The DME provider must maintain the documentation in the participant's record or files at their own location. The documentation must include the following:

1. The clinical findings of the face-to-face encounter substantiating the need for the DME;
2. The primary reason that the DME is required;
3. The name, signature, and credentials of the practitioner who conducted the face-to-face encounter; and
4. The date of the face-to-face encounter; or
5. The documentation requirements in paragraph (D)1.-4. above may be met when incorporated into the pre-certification process, as approved by MHD.

(E) If a Medicare face-to-face encounter document has already been provided for the same participant episode of care, it will also suffice as the MO HealthNet face-to-face documentation requirement.

[(9)](10) Non-Covered Items. MO HealthNet does not cover items which primarily serve the following purposes: personal comfort, convenience, education, hygiene, safety, cosmetic, new equipment of unproven value, and equipment of questionable current usefulness or therapeutic value. Specific items which are generally not covered can be found in Section 13.32 of the DME manual. Examples of non-covered items are: air conditioners, computers (unless determined to be used for an augmentative communication device), electric bathtub lifts, elevators, furniture, toys, home modifications, refrigerators, seat lift chairs, stair lifts or glides, treadmill, water softening systems, wheelchair lifts, wheelchair ramps, whirlpool tubs, or pumps.

[(10)](11) Medicare/Medicaid Crossovers. For participants having both Medicare and MO HealthNet eligibility, the MO HealthNet program pays the lesser of the amounts indicated by Medicare to be deductible and/or coinsurance due on the Medicare allowed amount or the difference between the amount paid by Medicare and the MO HealthNet allowed amount.

[(11)](12) Records Retention. Sanctions may be imposed by the MO HealthNet Division against a provider for failing to make available, and disclosing to the MO HealthNet Division or its authorized agents, all records relating to services provided to MO HealthNet participants or records relating to MO HealthNet payments, whether or not the records are commingled with non-Title XIX (Medicaid) records in compliance with 13 CSR 70-3.030. These records must be retained for five (5) years from the date of service. Fiscal and medical records coincide with and fully document services billed to the MO HealthNet agency. Providers must furnish or make the records available for inspection or audit by the Department of Social Services or its representative upon request. Failure to furnish, reveal, or retain adequate documentation for services billed to the MO HealthNet program, as specified above, is a violation of this regulation.

AUTHORITY: sections 208.153 [and], 208.201, and 660.017, RSMo [Supp. 2013] 2016. Original rule filed Nov. 1, 2002, effective April 30, 2003. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 16, 2020.

PUBLIC COST: The proposed amendment will cost state agencies or political subdivisions two hundred sixty-one thousand five hundred forty-seven dollars and seventy-nine cents (\$261,547.79) annually.

PRIVATE COST: The proposed amendment will cost private entities six hundred ninety-nine thousand two hundred seventy-five dollars and fifty-eight cents (\$699,275.58) annually.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Title 13 – Department of Social Services
Division Title: Division 70 – MO HealthNet Division
Chapter Title: Chapter 60 – Durable Medical Equipment Program

Rule Number and Name:	13 CSR 70-60.010 Durable Medical Equipment Program
Type of Rulemaking:	Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services, MO HealthNet Division	\$261,547.79

III. WORKSHEET

The MO HealthNet Division (MHD) anticipates that there will be an overall 2% increase in expenditures pertaining to mobility Durable Medical Equipment (DME) items due to an increase in places of service where DME services may be provided. To determine this, expenditures from FY 2016, 2017, 2018, and 2019 were averaged, then multiplied by .02 to determine an amount of **\$261,547.79**.

FY 16 expenditures	\$12,014,502.26
FY 17 expenditures	\$13,205,656.37
FY 18 expenditures	\$13,335,085.78
FY 19 expenditures	\$13,754,314.41
Total expenditures for FY16-FY19	\$52,309,558.82
Average expenditures (Total divided by 4 years)	\$13,077,389.71
2% increase (2% of Average)	\$ 261,547.79

IV. ASSUMPTIONS

MHD has engaged the DME industry throughout the process of drafting this proposed amendment to keep stakeholders involved and to solicit feedback. One way in which MHD achieves stakeholder engagement is by hosting quarterly DME Advisory Committee meetings, in which this proposed amendment has been a topic of discussion.

This feedback is what drives the MHD assumptions when determining fiscal impact. MHD anticipates that there will be a minimal change (increase of 2%) in utilization of services due to the addition of places of services outside of the home. Items expected to see an increase in utilization are those used for mobility, such as crutches, canes, walkers, wheelchairs, and wheelchair accessories.

MHD does not expect to see a substantial increase in utilization of mobility items due to the addition of places of service outside of the home, as most participants in need of mobility items will already utilize them inside the home.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Title 13 – Department of Social Services**
Division Title: Division 70 – MO HealthNet Division
Chapter Title: Chapter 60 – Durable Medical Equipment Program

Rule Number and Title:	13 CSR 70-60.010 Durable Medical Equipment Program
Type of Rulemaking:	Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
1,214	DME providers	\$534,999.75
34,542	Practitioners (Physicians, Physician Assistants, and Nurse Practitioners)	\$164,275.83

III. WORKSHEET

The MO HealthNet Division (MHD) estimated the number of entities likely to be affected by adoption of this proposed rule by calculating utilization data using the Missouri Medicaid Audit and Compliance (MMAC) Provider Enrollment Unit's report of active MO HealthNet Providers. As of March 29, 2019, the MMAC Enrollment Unit reported that there were 1,214 Durable Medical Equipment (DME) providers; 845 Physician - D.O.s; 25,246 Physician - M.D.s; 1,172 Physician Assistants; and 7,279 Nurse Practitioners.

The DME provider cost for obtaining documentation of the face-to-face visit is **\$534,999.75**. This was calculated by averaging the number of new referrals for FY 2017, FY 2018, and FY 2019 and multiplying the number of referrals by an estimated cost of \$75 per referral.

	Served	Served in Prior Year	New Referrals
2017	14,764	5,146	9,618
2018	10,537	4,441	6,096
2019	9,882	4,196	5,686
TOTAL			21,400
AVERAGE			7133.33
Cost Per Referral			\$75
TOTAL COST			\$534,999.75

Physician, nurse practitioners, and physician assistant costs for documenting the face-to-face visit is **\$164,275.83**. This was calculated (as indicated in the Federal Register Volume 81, No. 21, which contains the face-to-face requirement) by multiplying the average number of new referrals by the estimated wage for each practitioner, then multiplied by an estimated 10 minutes per new referral. The mean hourly wage per practitioner was based on the U.S. Bureau of Labor Statistics' May 2018 National Occupational Employment and Wage Estimates (the cost of fringe benefits was calculated at 100 percent of the mean hourly wage and added to the mean hourly wage to determine the adjusted hourly wage).

Practitioner	Adjusted Hourly Wage	1/3 of new referrals	10 minutes	Cost
Physician	\$203.64	2,377.78	0.167	\$80,863.26
Nurse Practitioner	\$105.80	2,377.78	0.167	\$42,012.04
Physician Assistant	\$104.26	2,377.78	0.167	\$40,400.53
TOTAL COST				\$164,275.83

IV. ASSUMPTIONS

DME providers enrolled with MO HealthNet will be required to comply with the proposed rule. This change will require those agencies to obtain documentation of the participant's face-to-face visit from the prescribing physician/practitioner. Prescribing physicians will be required to document in the medical record and provide documentation of the participant face-to-face visit.

Cost to DME providers to obtain face-to-face documentation from the practitioner is estimated to be \$75 per new referral.

It is assumed that participants are already seeing their healthcare providers for regular visits, so the proposed changes would not create an increase of utilization to the Physician program above the average number of new referrals.

The number of different practitioners performing the face-to-face documentation is unknown; therefore, the number of new referrals was used as the number of practitioners impacted.

The calculations used were based on the calculations used per the Federal Register Volume 81, Number 21, dated February 2, 2016, that contained the home health final rule requirements.

Title 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 15—Initiative, Referendum, New Party, and
Independent Candidate Petition Rules

PROPOSED AMENDMENT

15 CSR 30-15.030 Initiative, Referendum, New Party, and Independent Candidate Petitions Missouri Voter Registration System and Other Computerized Processing Options. The secretary of state is proposing to change the title and purpose, and add a new section (2).

PURPOSE: This amendment authorizes the use of a petitions processing software program that is not a module within the centralized Missouri Voter Registration System (MCVR) but interfaces in real time with MCVR. This amendment will allow local election authorities to use technological advancements that will result in efficiencies and greater quality control in petitions processing.

PURPOSE: The purpose of this rule is to clarify that local election authorities have the option to use the centralized Missouri Voter Registration System (MCVR) or a petition processing software program provided and maintained by the Office of the Secretary of State that interfaces in real time with MCVR for initiative, referendum, new party, and independent candidate petition signature verification as allowed under Chapters 115 and 116, RSMo. MCVR is the official statewide voter registration list which was created and implemented as part of the Help America Vote Act of 2002. This system is maintained and administered by the Office of the Secretary of State and contains the name and registration information of every legally registered Missouri voter. It serves as the official voter registration list for the conduct of all elections in Missouri and allows local election authorities immediate real-time electronic access to the information contained in the system. Currently, local election authorities may use this system for petition signature verification as authorized by Chapter 115, RSMo. The secretary of state may make rules to ensure uniform, complete, and accurate checking of initiative and referendum petition signatures.

(2) Each local election authority has the option to comply with the requirements of 15 CSR 30-15.010 and 15 CSR 30-15.020 through a petition processing software program maintained and administered by the secretary of state. Petition pages will be processed and annotated electronically. Each local election authority shall certify to the secretary of state by means of petition processing summary reports generated by the software program provided by the secretary of state the total of each category enumerated in 15 CSR 30-15.020(1) less the number of duplicate, but otherwise qualified, signatures in 15 CSR 30-15.020(2).

AUTHORITY: section 115.335.7, RSMo [2000] Supp. 2019, and section 116.130.5, RSMo [Supp. 2013] 2016. Original rule filed Aug. 14, 2013, effective Feb. 28, 2014. Amended: Filed Jan. 31, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Secretary of State, Elections Division, PO Box 1767, Jefferson City, MO 65102-1767. To be considered, comments must be received within thirty (30) days after publication of this notice in the

Missouri Register. No public hearing is scheduled.

Title 16—RETIREMENT SYSTEMS
Division 10—The Public School Retirement System of
Missouri
Chapter 3—Funds of Retirement System

PROPOSED AMENDMENT

16 CSR 10-3.010 Payment of Funds to the Retirement System. The Public School Retirement System of Missouri is amending section (7).

PURPOSE: This amendment clarifies the treatment of employer contributions to employee Health Savings Accounts (HSAs) as salary rate as defined in section 169.010, RSMo. The amendment also rearranges some existing language and adds subsections to better organize the regulation.

(7) For purposes of determining retirement contributions and benefits, salary rate includes medical insurance premiums (including dental and vision) paid by the employer on behalf of the member and payments made by the employer on behalf of the member to a self-funded medical benefits plan. *[Salary, salary rate, or compensation as defined in section 169.010, RSMo, shall not be reduced due to premium rebates or refunds received by the employer as a result of the implementation of the "Patient Protection and Affordable Care Act," Public Law 111-148. Salary rate also includes payments made by the employer on behalf of the member to purchase an annuity, or fund a deferred compensation plan, in lieu of medical insurance or a self-funded medical benefits plan.]* The employer shall withhold from the member's salary and remit to the system contributions on any such premiums and payments, along with matching employer contributions. *[Premiums and payments for prescription drug, life, and other ancillary benefits determined separately from premiums and payments for general medical benefits are not part of salary rate.]* The payment reported for each member covered by a self-funded medical benefits plan shall be determined by the employer.

(A) Salary rate also includes payments made by the employer on behalf of the member to purchase an annuity, or fund a deferred compensation plan, in lieu of medical insurance or a self-funded medical benefits plan.

(B) Premiums and payments for prescription drug, life, and other ancillary benefits determined separately from premiums and payments for general medical benefits are not part of salary rate.

(C) Beginning July 1, 2017, premiums paid by the employer on behalf of the member and payments made by the employer on behalf of the member to a self-funded medical benefits plan for prescription drug coverage shall be included in salary rate as defined in section 169.010, RSMo, whether or not such premiums or payments for prescription drug coverage were determined separately from premiums and payments for general medical benefits. Contributions transmitted to the retirement system before July 1, 2017, based on salary rates which either included or excluded employer-paid premiums or payments to a self-funded medical benefits plan for prescription drug coverage for members shall be deemed to have been in compliance with this section. The retirement system shall not refund or adjust contributions or adjust benefit determinations with respect to any period before July 1, 2017, solely because of the treatment of employer-paid premiums or payments to a self-funded medical benefits plan for prescription drug coverage for members.

(D) Beginning July 1, 2020, certain payments made by the employer on behalf of a member to a Health Savings Account (HSA) shall be included in salary rate as defined in section

169.010, RSMo, whether or not such payments were determined separately from premiums and payments for general medical benefits. Payments made by an employer to a member's HSA shall be included in salary rate up to the amount that is offered to all employer's employees and not to exceed the applicable annual HSA contribution limit set by Internal Revenue Code for single coverage. The annual contribution limit used will be the one in effect for the calendar year in which a plan year begins. Contributions transmitted to the retirement system before July 1, 2020, based on salary rates which either included or excluded employer payments to a member HSA shall be deemed to have been in compliance with this section. The retirement system shall not refund or adjust contributions or adjust benefit determinations with respect to any period before July 1, 2020, solely because of the treatment of employer-paid HSA contributions.

(E) Salary, salary rate, or compensation as defined in section 169.010, RSMo, shall not be reduced due to premium rebates or refunds received by the employer as a result of the implementation of the "Patient Protection and Affordable Care Act," Public Law 111-148.

AUTHORITY: section 169.020, RSMo [Supp. 2013] 2016. Original rule filed Dec. 19, 1975, effective Jan. 1, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 29, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Public School Retirement System of Missouri, attn: General Counsel, at PO Box 268, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 16—RETIREMENT SYSTEMS

Division 10—The Public School Retirement System of Missouri

Chapter 6—The Public Education Employee Retirement System

PROPOSED AMENDMENT

16 CSR 10-6.020 Payment of Funds to the Retirement System. The Public School Retirement System of Missouri is amending section (9).

PURPOSE: This amendment clarifies the treatment of employer contributions to employee Health Savings Accounts (HSAs) as salary rate as defined in section 169.600, RSMo. The amendment also rearranges some existing language and adds subsections to better organize the regulation.

(9) For purposes of determining retirement contributions and benefits, salary rate includes medical insurance premiums (including dental and vision) paid by the employer on behalf of the member and payments made by the employer on behalf of the member to a self-funded medical benefits plan. [Salary, salary rate, or compensation as defined in section 169.600, RSMo, shall not be reduced due to premium rebates or refunds received by the employer as a result of the implementation of the "Patient Protection and Affordable Care Act," Public Law 111-148.

Salary rate also includes payments made by the employer on behalf of the member to purchase an annuity, or fund a deferred compensation plan, in lieu of medical insurance or a self-funded medical benefits plan.] The employer shall withhold from the member's salary and remit to the system contributions on any such premiums and payments, along with matching employer contributions. [Premiums and payments for prescription drug, life, and other ancillary benefits determined separately from premiums and payments for general medical benefits are not part of salary rate.] The payment reported for each member covered by a self-funded medical benefits plan shall be determined by the employer.

(A) Salary rate also includes payments made by the employer on behalf of the member to purchase an annuity, or fund a deferred compensation plan, in lieu of medical insurance or a self-funded medical benefits plan.

(B) Premiums and payments for prescription drug, life, and other ancillary benefits determined separately from premiums and payments for general medical benefits are not part of salary rate.

(C) Beginning July 1, 2017, premiums paid by the employer on behalf of the member and payments made by the employer on behalf of the member to a self-funded medical benefits plan for prescription drug coverage shall be included in salary rate as defined in section 169.600, RSMo, whether or not such premiums or payments for prescription drug coverage were determined separately from premiums and payments for general medical benefits. Contributions transmitted to the retirement system before July 1, 2017, based on salary rates which either included or excluded employer-paid premiums or payments to a self-funded medical benefits plan for prescription drug coverage for members shall be deemed to have been in compliance with this section. The retirement system shall not refund or adjust contributions or adjust benefit determinations with respect to any period before July 1, 2017, solely because of the treatment of employer-paid premiums or payments to a self-funded medical benefits plan for prescription drug coverage for members.

(D) Beginning July 1, 2020, certain payments made by the employer on behalf of the member to a Health Savings Account (HSA) shall be included in salary rate as defined in section 169.600, RSMo, whether or not such payments were determined separately from premiums and payments for general medical benefits. Payments made by an employer to a member's HSA shall be included in salary rate up to the amount that is offered to all employer's employees and not to exceed the applicable annual HSA contribution limit set by Internal Revenue Code for single coverage. The annual contribution limit used will be the one in effect for the calendar year in which a plan year begins. Contributions transmitted to the retirement system before July 1, 2020, based on salary rates which either included or excluded employer payments to a member's HSA shall be deemed to have been in compliance with this section. The retirement system shall not refund or adjust contributions or adjust benefit determinations with respect to any period before July 1, 2020, solely because of the treatment of employer-paid HSA contributions.

(E) Salary, salary rate, or compensation as defined in section 169.600, RSMo, shall not be reduced due to premium rebates or refunds received by the employer as a result of the implementation of the "Patient Protection and Affordable Care Act," Public Law 111-148.

AUTHORITY: section 169.610, RSMo [Supp. 2013] 2016. Original rule filed Dec. 19, 1975, effective Jan. 1, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 29, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Public School Retirement System of Missouri, attn: General Counsel, at PO Box 268, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20—Division of Community and Public Health Chapter 20—Communicable Diseases

PROPOSED AMENDMENT

19 CSR 20-20.020 Reporting Infectious, Contagious, Communicable, or Dangerous Diseases. The department is amending section (1) to add the 2019 Novel Coronavirus (2019-nCoV) to the list of diseases or findings that must be reported immediately.

PURPOSE: This amendment adds the 2019 Novel Coronavirus (2019-nCoV) to the list of diseases or findings that must be reported immediately.

(1) The diseases within the immediately reportable disease category pose a risk to national security because they: can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruption; and require special action for public health preparedness. Immediately reportable diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services immediately upon knowledge or suspicion by telephone (1 (800) 392-0272), facsimile, or other rapid communication. Immediately reportable diseases or findings are—

(A) Selected high priority diseases, findings or agents that occur naturally, from accidental exposure, or as the result of a bioterrorism event:

2019 Novel Coronavirus (2019-nCoV)

Anthrax

Botulism

Paralytic poliomyelitis

Plague

Rabies (Human)

Ricin toxin

Severe Acute Respiratory syndrome-associated Coronavirus

(SARS-CoV) Disease

Smallpox

Tularemia (suspected intentional release)

Viral hemorrhagic fevers, suspected intentional (e.g., Viral hemorrhagic fever diseases: Ebola, Marburg, Lassa, Lujo, new world Arenavirus (Guanarito, Machupo, Junin, and Sabia viruses), or Crimean-Congo);

AUTHORITY: sections 192.006, 192.020, 210.040, and 210.050, RSMo 2016. This rule was previously filed as 13 CSR 50-101.020. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed June 28, 2019, effective July 8, 2019, [expired Feb. 27,] terminated Jan. 30, 2020. Amended: Filed June 28, 2019, effective Jan. 30, 2020. Emergency amendment filed Jan. 27, 2020, effective Feb. 10, 2020, expires Aug. 7, 2020. Amended: Filed Jan. 27, 2020.

PUBLIC COST: This proposed amendment will not cost state agen-

cies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Adam Crumbliss, Director, Department of Health and Senior Services, Division of Community and Public Health, PO Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 400—Life, Annuities and Health Chapter 5—Advertising and Material Disclosures

PROPOSED AMENDMENT

20 CSR 400-5.600 Missouri Life and Health Insurance Guaranty Association. The director is amending the purpose statement and Appendix One (1) in accordance with Executive Order 17-03 and House Bill 1690 (Laws 2018) and the National Association of Insurance Commissioners (NAIC) Guideline for Notice of Protection Provided by Life and Health Insurance Guaranty Association, as adopted by the NAIC 4th Quarter 2018.

PURPOSE: This amendment updates the name and mailing address for the Missouri Life and Health Insurance Guaranty Association, and implements changes made to the Life and Health Insurance Guaranty Association Act by House Bill 1690 (Mo. Laws 2018).

PURPOSE: This rule sets forth the forms [required by section 376.756, RSMo] for use in connection with the sale of policies or contracts which either are or are not covered by the Missouri Life and Health Insurance Guaranty [Fund] Association.

**APPENDIX ONE
NOTICE OF PROTECTION PROVIDED BY
MISSOURI LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a *brief summary* of the Missouri Life and Health Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Missouri law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its insurance department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Missouri law, with funding from assessments paid by other insurance companies. **(For purposes of this notice, the terms “insurance company” and “insurer” include health maintenance organizations (HMOs).)**

The basic protections provided by the Association are as follows:

- Life Insurance
 - \$300,000 in death benefits [**•**], **but not more than** \$100,000 in **net cash** surrender and **net cash** withdrawal values
- Health Insurance
 - \$500,000 [*in hospital, medical, and surgical insurance benefits*] **for health benefit plans**
 - \$300,000 in disability insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in the **present value of annuity benefits, including net cash surrender and net cash** withdrawal [*and cash*] values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is as follows:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of [*basic hospital, medical, and surgical insurance or major medical insurance*] **health benefit plans**
- \$500,000 in aggregate for [*basic hospital, medical, and surgical insurance or major medical insurance*] **health benefit plans**
- \$5,000,000 to one policy owner of multiple nongroup policies of life insurance, whether the policy owner is an individual, firm, corporation, or other person, and whether the persons insured are officers, managers, employees, or other persons

“Health benefit plan” is defined in section 376.718, RSMo.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Missouri law.

Benefits provided by a long-term care (LTC) rider to a life insurance policy or annuity contract will be considered the same type of benefits as the basic life insurance policy or annuity contract to which it relates.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association’s website at www.mo-iga.org, or contact:

Missouri Life and Health Insurance Guaranty Association [994 Diamond Ridge, Suite 102] 2210 Missouri Boulevard Jefferson City, Missouri 65109 Ph.: 573-634-8455 Fax: 573-634-8488	Missouri Department of Commerce and Insurance 301 West High Street, Room 530 Jefferson City, Missouri 65101 Ph.: 573-522-6115
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Insurance companies and agents are not allowed by Missouri law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance **or HMO coverage**. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Missouri law, then Missouri law will control.

AUTHORITY: section 374.045.1(2), RSMo [Supp. 2013] 2016, and section 376.756, RSMo [2000] Supp. 2019. This rule was previously filed as 4 CSR 190-13.290. Original rule filed Sept. 6, 1988, effective April 1, 1989. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Jan. 27, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Commerce and Insurance, Attention: Shelley Forrest, 301 West High Street, Room 530, Jefferson City, MO 65101. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for April 2, 2020, at 1:00 p.m., at the Missouri Department of Commerce and Insurance, 301 West High Street, Room 530, Jefferson City, MO 65101.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 500—Property and Casualty
Chapter 6—Workers' Compensation and Employers'
Liability**

PROPOSED AMENDMENT

20 CSR 500-6.100 Policy and Endorsement Forms. The director is amending section (1).

PURPOSE: This amendment corrects a drafting error present in the rule by removing a reference to an obsolete endorsement form.

(1) All insurers issuing Workers' Compensation and employers' liability policies in this state shall—

(C) Employ the use of the standard provisions for Workers' Compensation and employers' liability policies **or such other policy form provisions, not less favorable to the insured employer and which have been approved by the director prior to use; and**

[(D) Attach an approved form entitled "Application of Limits of Liability Endorsement—Missouri" to all policies of Workers' Compensation and employers' liability insurance issued in Missouri; and]

[(E)](D) Exclude any agreement, warranty, or representation by the insured pertaining to prior cancellation or refusal to renew coverage by a previous insurance carrier.

AUTHORITY: sections 287.310 and 374.045, RSMo 2016. This rule was previously filed as 4 CSR 190-18.010. This version of rule filed July 27, 1964, effective Aug. 6, 1964. Amended: Filed Dec. 5, 1969, effective Dec. 15, 1969. Amended: Filed Oct. 30, 1974, effective Nov. 9, 1974. Amended: Filed July 12, 2002, effective Jan. 30, 2003. Amended: Filed March 8, 2019, effective Oct. 30, 2019. Amended: Filed Jan. 27, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in

support of or in opposition to this proposed amendment with the Department of Commerce and Insurance, Attention: Josh Wille, PO Box 690, Jefferson City, Missouri 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for 1:00 p.m. on April 2, 2020, at the Missouri Department of Commerce and Insurance, Room 530, 301 West High Street, Jefferson City, Missouri 65101.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 500—Property and Casualty
Chapter 7—Title**

PROPOSED AMENDMENT

20 CSR 500-7.020 [Scope and] Definitions. The director is amending the title of the rule, removing section (1), and amending section (2).

PURPOSE: This amendment removes the statement of scope, revises the definitions of "material transaction," and "Residential real estate transaction," and provides a printed definition for "title plant."

[(1) Applicability of Rules. The rules in this chapter apply to title insurers, title agencies and title agents transacting the business of insurance in this state under Chapter 381, RSMo. The rules shall be read together with Chapter 536, RSMo.]

[(2)](1) Definitions. As used in this chapter, the following terms [shall] mean:

(A) "Closing protection letter," a letter issued on behalf of a title insurer, which indemnifies a buyer, lender, or seller solely against losses not to exceed the amount of settlement funds because of the acts set forth in section 381.058, RSMo;

(B) "Closing protection fee," the consideration paid by or on behalf of the buyer, borrower, lender, or seller for a closing protection letter calculated from the rate filed with the director;

(C) "Director," the director of the department;

(D) "Department," the Department of Commerce and Insurance;

(E) "Material transaction," a single transaction with a monetary value of one hundred dollars (\$100) or more, or any series of transactions with a monetary value of six hundred dollars (\$600) or more[,] during the reporting period, and which are between the agency and a party with a financial interest in the agency or in which the agency holds a financial interest. **[Material] For the purposes of section 381.029, RSMo, the following transactions are not considered to be material transactions [shall not include]:**

1. Employee salaries or bonuses; or

2. Profit distributions in proportion to financial interests; or

3. Any payment reflected on a settlement statement or pursuant to an escrow agreement; or

4. Any payment to a realtor for commission;

(F) "Residential real estate transaction," the sale, purchase, financing, or refinancing of a house or other dwelling designed principally for the occupancy of [from] one to four (1–4) families in Missouri, but does not include transactions involving real estate designed for business, commercial, or agricultural purposes;

(G) "Title insurance premium," the premium in a title insurance transaction;

(H) "Title Plant," means an index of records which—

1. Imparts constructive notice to purchasers of real property;

2. Encompasses at least the most recent forty-five (45) years;

3. Is geographically indexed as to all documents containing a legal description of affected land; and

4. Is indexed by the name of the affected person as to all other documents.

[(H)](I) "Title service charge," any charge as defined in 20 CSR 500-7.100, except for any closing protection fee or any fee for the handling of escrows, settlements, or closing;

[(I)](J) "Premium," as defined in section 381.031.14, RSMo 1994, and reviewed under section 381.171, RSMo 1994; and

[(J)](K) "Price estimate," a good faith estimate or prediction of prices based upon information presented at the time of the estimate.

AUTHORITY: sections 374.045[, RSMo 2000] and [section] 381.042, RSMo [Supp. 2007] 2016. Emergency rule filed Jan. 16, 2008, effective Jan. 28, 2008, expired July 14, 2008. Original rule filed Jan. 16, 2008, effective Sept. 30, 2008. Non-substantive change filed Sept. 11, 2019, published Oct. 31, 2019. Amended: Filed Jan. 27, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Commerce and Insurance, Attention: Josh Wille, PO Box 690, Jefferson City, Missouri 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for 1:00 p.m. on April 2, 2020, at the Missouri Department of Commerce and Insurance, Room 530, 301 West High Street, Jefferson City, Missouri 65101.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 500—Property and Casualty
Chapter 7—Title**

PROPOSED AMENDMENT

20 CSR 500-7.030 General Instructions. The director is amending the publisher's note, sections (1), (2), and (3), and incorporating new versions of Forms T-1, T-3, T-5A and T-5B, and T-6A and T-6B by reference.

PURPOSE: This amendment modifies which forms may be used to satisfy filing requirements and the applicable filing fees.

(1) Filing and Report Forms. The following forms are incorporated by reference and approved for filing with the department. The forms contain no later amendments or additions and are available to the public for inspection and copying at the department's website at www.insurance.mo.gov or at the department offices at 301 West High Street, Room 530, Jefferson City, MO 65101.

(A) The Title Insurance Premium and Title Service Charge Disclosure form (Form T-1), revised on [June 25, 2008] January 27, 2020, or any form which substantially comports with the specified form.

(C) The Notice of Closing or Settlement Risk form (Form T-3), revised on [June 25, 2008] January 27, 2020, or any form which substantially comports with the specified form.

(E) The Agency Financial Interest Report form (Form T-5A), revised on [June 26, 2008] January 27, 2020, or any form which substantially comports with the specified form.

(F) The Affiliated Business Arrangement Report form (Form T-5B), revised on [June 26, 2008] January 27, 2020, or any form

which substantially comports with the specified form.

(G) The Insurer's On-site Review Report form (Form T-6A [and Form T-6B]), revised [February 26, 2009,] on January 26, 2012 or any form which substantially comports with the specified form.

(H) The Insurer's On-site Review Sampling Methods form (Form T-6B) revised on February 26, 2009 or any form which substantially comports with the specified form.

[(H)](I) The Uniform Premium (Risk Rate) Report form (Form T-7), revised January 1, 2008, or any form which substantially comports with the specified form.

[(I)](J) The Seller's Closing Protection Letter form (Form T-8 and Form T-8alt), revised on January 17, 2008, or any form which substantially comports with the specified form.

[(J)](K) The Buyer's or Lender's Closing Protection Letter form (Form T-9 and Form T-9alt), revised on January 17, 2008, or any form which substantially comports with the specified form.

[(K)](L) The Title Plant Registration form (Form T-12), revised on May 21, 2008, or any form which substantially comports with the specified form, **including any substantially similar online or web-based version which may be approved by the director for registration in the future.**

(2) Location. Reports and filings [required] **made** under this chapter [shall] **may** be delivered to the Insurance Market Regulation Division, Room 530, 301 W. High Street, Jefferson City, Missouri 65101.

(3) Filing. Fees[. All reports, filings, or amendments to reports required to be filed by title insurers under this chapter shall be accompanied by a filing fee of fifty dollars (\$50) as required by section 374.230(5), RSMo] **described in section 374.230, RSMo will be applied to all filings required under this chapter.**

AUTHORITY: sections 374.045, [RSMo 2000] and [section] 381.042, RSMo [Supp. 2008] 2016. Emergency rule filed Jan. 16, 2008, effective Jan. 28, 2008, expired July 14, 2008. Original rule filed Jan. 16, 2008, effective Sept. 30, 2008. Emergency amendment filed Oct. 15, 2008, effective Jan. 1, 2009, expired June 29, 2009. Amended: Filed Oct. 15, 2008, effective June 30, 2009. Amended: Filed Jan. 27, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Commerce and Insurance, Attention: Josh Wille, PO Box 690, Jefferson City, Missouri 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for 1:00 p.m. on April 2, 2020, at the Missouri Department of Commerce and Insurance, Room 530, 301 West High Street, Jefferson City, Missouri 65101.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 500—Property and Casualty
Chapter 7—Title**

PROPOSED AMENDMENT

20 CSR 500-7.050 Disclosure of Premiums and Charges. The

director is amending sections (1)-(3) of this rule.

PURPOSE: This amendment updates and clarifies instructions for making statutory disclosure of material price information pursuant to sections 381.019 and 375.144, RSMo. The rule also allows for the use of different and generic real estate closing forms so long as they comply with statutory disclosure requirements.

(1) Disclosure with Title Order.

(D) Upon further inquiry or request by a prospective purchaser of title insurance or other party to the residential real estate transaction for explanation, the title insurer, title agency, or title agent may disclose orally that title premium and closing protection fee are determined by rate schedules filed with the state, but *[if so disclosed shall at the same time also disclose]* **only if it is also disclosed** that the title service charges, closing charges, and other charges are not filed with the state.

(E) If the insurer, title agency, or title agent discloses the above information in writing when giving a price estimate, the *[following disclosure statement]* **Title Insurance Premium and Title Service Charge Disclosure Form** (Form T-1) **as provided by the department** or a statement that substantially comports with the *[following]* **Form T-1** is acceptable~~/:~~. **It is also acceptable if such disclosure is made upon a form other than the Form T-1, or upon a Form T-1 which has been modified by the insurer, title agency, or title agent, so long as the disclosure form used clearly, conspicuously, and distinctly discloses fees and charges in compliance with section 381.019, RSMo.**

[Title Insurance Premium and Title Service Charge Disclosure Statement]

To: _____

Based upon the information available to us at this time, we estimate that you will pay, as part of your residential real estate transaction, the following premiums, charges, and/or fees:

- | | |
|---------------------------------------------------------------------------------|-------|
| 1) Title insurance premium | _____ |
| 2) closing protection fee(s) | _____ |
| 3) Title service charge(s) (i.e., search and examination, clearing items, etc.) | _____ |
| 4) Closing charge(s) | _____ |

Title insurance premium and a closing protection fee have been calculated according to rates filed with the Missouri Department of Commerce and Insurance. However, title service charges, closing charges, and other fees are not limited by state law.

For further general information regarding title insurance, you may visit the Missouri Insurance website at www.insurance.mo.gov, or call the Missouri Department of Commerce and Insurance at (800) 726-7390.

Date

Title Agent

(2) Disclosure at a Residential Real Estate Closing. *[Title insurance premium, fee and charge disclosure at the closing of a residential real estate transaction shall be made in the following manner:]*

(A) In *[C]* closings that involve use of a HUD-1 form~~[,]~~ or settlement statement,

[1. P] premium should be [the only amount totaled on the "Title Insurance" line, usually line 1108. If multiple title insurance policies are reflected in the "Title Insurance" line, the premium amounts associated with each title insurance policy shall be distinguished], on [the HUD-1 form on a line] listed separately. Disclosures pursuant to the requirements of section 381.019, RSMo should be clear, conspicuous, and distinct with each of the following items, listed separately, on lines other than the ["title Insurance"/] "premium" line[.];

[2.] 1. [Other charges including, but not limited to, the] Each closing protection fee[, abstract or title search and examination fees, escrow, settlement or closing fees, or other associated charges or fees shall be listed on lines other than the "Title Insurance" line]; [or]

2. Each abstract or title search and examination fee;
3. Escrow fees;
4. Settlement or closing fees; and
5. Other charges or fees.

(B) In *[C]* closings that do not *[require]* involve use of *[a]* the HUD-1 form~~[,]~~. *Disclosure shall]* or settlement statements disclosures pursuant to the requirements of section 381.019, RSMo should be made on a disclosure form in substantially the same format as the form set forth in subsection (1)(E) of this rule or the Form T-1 provided by the department, but with final price detail and an acknowledgement of receipt by the purchaser.

(3) Misleading or Confusing Terms in Marketing Materials.

(A) Title insurers, title agencies, and title agents shall not use the terms "rate," "card rate," "premium," or other terms of similar import in marketing materials to describe an all-inclusive title insurance price, which aggregates both~~[:]~~—

1. Premium; and
2. Charges that may be negotiable in the particular transaction.

(B) The total amount in subsection (1)(C) of this rule may be described in terms which convey both premium and charges, such as "total cost for title insurance and services" or "total cost for title insurance and charges.

AUTHORITY: sections 374.045, *[RSMo 2000 and sections] 381.019, and 381.042, RSMo [Supp. 2007] 2016. Emergency rule filed Jan. 16, 2008, effective Jan. 28, 2008, expired July 14, 2008. Original rule filed Jan. 16, 2008, effective Sept. 30, 2008. Non-substantive change filed Sept. 11, 2019, published Oct. 31, 2019. Amended: Filed Jan. 27, 2020.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Commerce and Insurance, Attention: Josh Wille, PO Box 690, Jefferson City, Missouri 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for 1:00 p.m. on April 2, 2020, at the Missouri Department of Commerce and Insurance, Room 530, 301 West High Street, Jefferson City, Missouri 65101.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 500—Property and Casualty
Chapter 7—Title

PROPOSED AMENDMENT

20 CSR 500-7.060 Disclosure of Coverage Limitation. The director is amending sections (1) and (2) of this rule.

PURPOSE: This amendment removes outdated information from section (1) and more clearly designates the forms to be used for disclosures required under sections 381.015 and 381.022.

(1) Lender's Title Insurance Limitation. *[Pursuant to] Agencies and agents making disclosure under section 381.015.2, RSMo, [in those purchase transactions where a lender's title insurance policy is to be issued simultaneously with the purchase of all or part of the real estate securing the loan and where no owner's title insurance policy has been requested, a title insurer, title agency, or title agent shall give written notice that the lender's title insurance policy does not provide title insurance protection to the purchaser-mortgagor, and that the purchaser-mortgagor may obtain an owner's title insurance policy within sixty (60) days of closing at a specified or approximate cost. The disclosure] shall [be made] make such disclosure using a Notice of Availability of Owner's Title Insurance form provided by the director (Form T-2), or any form that substantially comports with the specified form.*

(2) Closing and Settlement Risk.

(A) Title insurers, agencies, and agents making disclosure under subsections 5 and 6 of section 381.022, RSMo, may make this disclosure to the unprotected person with a Notice of Closing or Settlement Risk form provided by the director (Form T-3), or any form that substantially comports with the specified form.

AUTHORITY: sections 374.045, *[RSMo 2000 and sections] 381.015, 381.022, and 381.042, RSMo [Supp. 2007] 2016. Emergency rule filed Jan. 16, 2008, effective Jan. 28, 2008, expired July 14, 2008. Original rule filed Jan. 16, 2008, effective Sept. 30, 2008. Amended: Filed Jan. 27, 2020.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Commerce and Insurance, Attention: Josh Wille, PO Box 690, Jefferson City, Missouri 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for 1:00 p.m. on April 2, 2020, at the Missouri Department of Commerce and Insurance, Room 530, 301 West High Street, Jefferson City, Missouri 65101.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 500—Property and Casualty
Chapter 7—Title

PROPOSED AMENDMENT

20 CSR 500-7.070 Affiliated Business Arrangements. The director

is amending sections (1) and (2).

PURPOSE: *The amendment allows filings under section 381.029 to be made electronically.*

(1) Disclosure to Customer.

(A) It is unlawful for a title insurer, title agency, or title agent to accept an order for title services from any producer with an affiliated business arrangement, unless contemporaneous with the referral, the title insurer, title agency, or title agent discloses the affiliated business arrangement or has taken reasonable steps to verify that the producer has disclosed the arrangement. Disclosure to its customer of the existence of the affiliated business arrangement may be made by using the Affiliated Business Disclosure form (Form T-4), or any form that substantially comports with the specified form.

(B) The disclosure required by this rule may be made in combination with all disclosures made under rule 20 CSR 500-7.050.

(2) Annual Reports.

(A) *[The] Title Agency Financial Interest Report.*

1. Title agencies are required under section 381.029.3, RSMo, to report the agency's owners, the agency's ownership interests in other persons or businesses, and material transactions between the parties. Such report shall be filed with the department by March 31 of each year using The Agency Financial Interest Report (Form T-5A). Title agencies shall update and resubmit this Form T-5A within thirty (30) days of any material change to the information submitted regarding the agency's financial interests, parties with financial interests in the agency, or parties with financial interests in the insurer, agency, or agent who are producers or associates of producers.

2. Information related to material transactions collected pursuant to Form T-5A will be treated by the department as a trade secret as defined by section 417.453(4), RSMo, inasmuch as such information possesses economic value by virtue of its confidential status; the same or like information is unavailable through other sources; and insurers have made reasonable efforts to maintain the confidentiality of the data. As such, all information submitted pursuant to **the requirements of this rule, upon a Form T-5A**, shall be considered confidential communications and immune from requests made under Chapter 610, RSMo, nor shall such information otherwise be made available to the public or unauthorized individuals except in response to a valid court order.

(B) The Affiliated Business Arrangement Report. Title insurers, agencies, and agents are required under section 381.029.4, RSMo, to file reports with the director setting forth the names and addresses of any persons with a financial interest in the insurer, agency, or agent, which the insurer, agency, or agent knows to be producers or associates of producers, except the duty to report shall not include shareholders of record of any publicly-traded insurer. Such report shall be filed with the department by March 31 of each year using The Affiliated Business Arrangement Report (Form T-5B).

(C) Reports and filings made under this rule may be delivered to the department, at Room 530, 301 W. High Street, Jefferson City, Missouri 65101. Such reports may also be delivered electronically, in either a Word or PDF format, or in such other electronic format as may be permitted by the director, to the Consumer Affairs Division at consumeraffairs@insurance.mo.gov. Electronically filed T-5As may indicate in the subject line of the email whether such email or attachments are entitled to confidential treatment under section 417.453(4), RSMo.

AUTHORITY: *sections 374.045, [RSMo 2000 and sections] 381.029.3, and 381.042, RSMo [Supp. 2007] 2016. Emergency rule filed Jan. 16, 2008, effective Jan. 28, 2008, expired July 14, 2008. Original rule filed Jan. 16, 2008, effective Sept. 30, 2008. Amended: Filed Jan. 27, 2020.*

PUBLIC COST: *This proposed amendment will not cost state agen-*

cies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: *This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Commerce and Insurance, Attention: Josh Wille, PO Box 690, Jefferson City, Missouri 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for 1:00 p.m. on April 2, 2020, at the Missouri Department of Commerce and Insurance, Room 530, 301 West High Street, Jefferson City, Missouri 65101.*

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 500—Property and Casualty Chapter 7—Title

PROPOSED AMENDMENT

20 CSR 500-7.090 Special Circumstances for Policy Delay. The director is amending sections (1) and (3) of the rule and adding new sections (4) and (5).

PURPOSE: *This amendment clarifies disclosure and documentation requirements which must be met prior to the issuance of a title insurance policy.*

(1) "Meeting the requirements," means the receipt of documents or completion of tasks set out in the requirements section of the commitment or Schedule B-1; or, if the commitment does not have requirements, then receipt of documents and/or completion of **all tasks [required by] included in** the closing instructions **which are necessary** to create the estate to be insured.

(2) A title policy must be issued within forty-five (45) days after meeting the requirements of the commitment, except in the following circumstances:

(A) The title insurer, title agency, or title agent has filed, in the office of the recorder of deeds, the deed and/or security instruments, but the deed and/or security instruments have not yet been recorded; or

(3) *[A] The title insurer, title agency [or], and title agent [has] have* the burden of proving **compliance with section (2) and of proving** any exception under *[this rule] subsection (2)(A), (B), or (C).*

(4) A contemporaneous record of policy issuance submitted to the insurer evidencing compliance with section (2) shall establish a rebuttable presumption that the policy was issued in compliance with the requirements of section 381.038.3, RSMo.

(5) To document timely issuance of each title insurance policy, title agents and agencies shall transmit and insurers shall retain evidence of each policy issued to its insureds. Such evidence shall include:

(A) Earliest date on which all requirements of the commitment were met;

(B) The date the policy was issued and delivered to the insured;

(C) A copy of the policy or information sufficient to identify or reproduce the policy; and

(D) Any applicable circumstances under subsection (2)(A), (B), or (C) which are relied upon to excuse timely issuance.

AUTHORITY: sections 374.045, [RSMo 2000 and sections] 381.038, and 381.042, RSMo [Supp. 2007] 2016. Emergency rule filed Jan. 16, 2008, effective Jan. 28, 2008, expired July 14, 2008. Original rule filed Jan. 16, 2008, effective Sept. 30, 2008. Amended: Filed Jan. 27, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Commerce and Insurance, Attention: Josh Wille, PO Box 690, Jefferson City, Missouri 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for 1:00 p.m. on April 2, 2020, at the Missouri Department of Commerce and Insurance, Room 530, 301 West High Street, Jefferson City, Missouri 65101.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 500—Property and Casualty
Chapter 7—Title**

PROPOSED AMENDMENT

20 CSR 500-7.200 Standards for Policy Issuance. The director is amending sections (1) through (3) and adding a new section (4) to this rule.

PURPOSE: This amendment clarifies standards and exceptions applicable to title searches and examinations conducted pursuant to the requirements of section 381.071, RSMo; the amendment also provides needed guidance on title plant registration.

(1) Examination of Title.

(A) [Before a title insurance policy is written,] Pursuant to the requirements of section 381.071, RSMo no title insurance policy may be written until the title insurer or its licensed agent [shall cause] has caused a search of the title which is to be insured. The search of the title shall be based upon evidence prepared from a current set of records maintained in order to show all matters affecting the title to the property or interest which is to be insured for a continuous period of not less than the immediate past forty-five (45) years, [except for the time table allowed by section 381.071.1(1), RSMo (Cum. Supp. 1989) for a gradual compliance. The set of records used in the search of the title shall be indexed geographically and shall encompass all properties in the county for which the set of records is maintained.] to be made at a title plant containing records of the county in which the property is located. The examiner shall conduct a thorough search and document all matters affecting the title and interest to be insured for a continuous period of time in accordance with sound underwriting practices.

(2) Exceptions.

(B) If [a set of records geographically indexed is not in existence in the county where the property subject to examination of title is located, the title insurance policy shall be based upon] no title plant of the county where the property is located exists, or the title plant refuses to furnish title evidence at a reasonable charge and within a reasonable period of time, then a search of the best title evidence available[.] will suffice, provided

the examination of title is based on a thorough search of available records, documents all matters affecting the title, and interest to be insured for a continuous period of time, and is in accordance with sound underwriting practices.

[(C) If evidence for an examination of title cannot be obtained from a set of records geographically indexed at a reasonable charge or within a reasonable period of time, the title insurance policy shall be based upon the best title evidence available.

(D) The best title evidence available is that evidence which a reasonable and prudent person would depend upon in the conduct of his/her own affairs as determined by the circumstances in existence in the county where the subject property is located.]

(3) Documentation.

(A) The evidence of the examination of title prepared and retained pursuant to the requirements of section 381.071, RSMo shall include the following:

[(A)]1. [The individual who performed the examination of title on behalf of the title insurer shall verify in a]A written statement indicating the individual who performed the title search and examination on behalf of the title insurer which shall verify where s/he obtained the evidence used in the examination of title[.]

2. A written statement as to whether the title examiner [followed] relied upon any of the exceptions as stated in section (2) of this regulation, [s/he shall state in the written statement,] and if so, a statement in clear and specific terms, the reasons for [following any] relying upon the exception.

(B) The written statement [required by subsection (3)(A) of this regulation] shall be placed in and made a part of the title insurance company's files or that of its agent or agency for a period of not less than fifteen (15) years after the title insurance policy has been issued.

[(C) The director shall maintain a Missouri title plant registry. Any entities which can be defined as a title plant pursuant to section 381.031(22), RSMo Cum. Supp. 1989, shall annually file with the director a registration statement in a Title Plant Registration form (Form T-12), or any form that substantially comports with the specified form. No filing fee is mandated. Form T-12 can be accessed at the department's website at www.insurance.mo.gov or at the department offices.]

(4) Title plant Registration.

(A) Any title plant may register with the director by filing an annual registration statement with the department upon a Title Plant Registration Form (Form T-12), or any form that substantially comports with the specified form or any form may be allowed by the director. Form T-12 can be accessed at the department's website at www.insurance.mo.gov or at the department's offices.

(B) To maintain a registration with the department, each Title Plant will re-submit the Title Plant Registration Form by March 31 of each year.

(C) No fees will be associated with submission Title Plant Registration forms pursuant to this section.

AUTHORITY: sections 374.045[, RSMo 2000] and [section] 381.042, RSMo [Supp. 2007] 2016. This rule was previously filed as 4 CSR 190-20.060. Original rule filed Dec. 1, 1989, effective June 29, 1990. Amended: Filed April 23, 1999, effective Nov. 30, 1999. Emergency amendment filed Jan. 16, 2008, effective Jan. 28, 2008, expired July 14, 2008. Amended: Filed Jan. 16, 2008, effective Sept. 30, 2008. Amended: Filed Jan. 27, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies

or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Commerce and Insurance, Attention: Josh Wille, PO Box 690, Jefferson City, Missouri 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for 1:00 p.m. on April 2, 2020, at the Missouri Department of Commerce and Insurance, Room 530, 301 West High Street, Jefferson City, Missouri 65101.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 700—Insurance Licensing
Chapter 4—Utilization Review**

PROPOSED AMENDMENT

20 CSR 700-4.100 Utilization Review. The director is amending the purpose, sections (1) through (3), (5) and (6), and updating the form incorporated by reference.

PURPOSE: This amendment modifies the purpose statement appearing in the *Code of State Regulations* to more accurately reflect the content of the rule. The amendment also reformats filing and other requirements, clarifies that late renewal penalties are discretionary, and removes a restriction limiting registered entities to the use of one (1) fictitious name.

PURPOSE: This rule sets forth the procedure for a utilization review agent to obtain and maintain a certificate of registration [and prescribes], and establishes fees and forms pursuant to the requirements of section 374.505, RSMo. The rule also clarifies the standards [to which the] applicable to utilization review [agent must adhere in order to conduct] agents conducting utilization review in this state. [This rule is adopted pursuant to section 374.515, RSMo and implements sections 374.500–374.515, RSMo.]

(1) [A utilization review agent may not conduct utilization review in this state without a certificate of registration issued by the director of the department. The] Pursuant to the requirements of section 374.505, RSMo, each application for a certificate of registration as a utilization review agent shall—

(A) [b/Be submitted to the department on [the form approved by this rule. The application shall] a form provided by the department;

(B) [b/Be signed by the applicant or, if the applicant is a corporation, by an officer or, if the applicant is a partnership, by one (1) of the partners/. The application shall];

(C) [b/Be accompanied by an [application] initial registration fee of one thousand dollars (\$1,000)/.];

(D) Disclose all fictitious names under which the applicant entity will operate as a utilization review agent in this state; and

(E) Provide any other reasonably related supporting documentation necessary to process the utilization review agent's registration.

(2) Each recipient of a certificate of registration may maintain their registration by filing for renewal annually on or before the anniversary date of the initial certificate as shown on the original certification. Each application for renewal shall—

(A) Be submitted on [the form approved by this rule] a form provided by the department;

(B) Be accompanied by a renewal fee of five hundred dollars (\$500)/. The certificate of registration issued to a utilization review agent shall be renewed annually on or before the anniversary date of the initial certificate as shown on the original certification]; [and]

(C) Be accompanied by a list of the utilization review agent's current health plan clients with contact information for each such health plan client. A list of the health plan's clients is not [required to accompany the application.] necessary;

(D) Disclose all fictitious names under which the applicant entity has and will operate as a utilization review agent in this state; and

(E) Provide any other reasonably related supporting documentation necessary to maintain the utilization review agent's registration.

(3) Failure to renew a certificate of registration [in a timely manner shall] may result in a fine as set forth in section 374.280, RSMo.

(5) Any utilization review agent doing business in this state under a name other than its true name shall file with the director a copy of all documents, including the authorization from the Missouri Secretary of State which shows the legal authority for the utilization review agent to use such other name. [Even though multiple names may be registered with the Missouri Secretary of State, the utilization review agent must choose only one (1) authorized name a certificate of authority to conduct business as a utilization review agent.]

(6) [Per] Pursuant to section 374.510, RSMo, the minimum requirements [for] of sections 376.1350 to 376.1399, RSMo, [shall apply] as applied to utilization review agents/. Such requirements/ include, but are not limited to, the following:

(A) [Any] That any medical director who administers the utilization review program or oversees the review decisions [shall] be a qualified health care professional licensed in the state of Missouri/.];

(B) That [A/a licensed clinical peer [shall] evaluate the clinical appropriateness of adverse determinations;

[(B)](C) That [U/]utilization review decisions [shall] be made and issued in a timely manner pursuant to the requirements of sections 376.1363, 376.1365, and 376.1367, RSMo;

[(C)](D) That [A/a utilization review agent [shall] provide health plan enrollees and health plan participating providers with timely access to its review staff by a toll-free number;

[(D)](E) That [W/]when conducting utilization review, the utilization review agent shall collect only the information necessary to certify the admission, procedure or treatment, length of stay, frequency, and duration of services/. No utilization review agent shall/ and not require or request a Federal Drug Enforcement Administration Number or a Missouri Controlled Substance Registration Number from any provider;

[(E)](F) That [C/]compensation to persons providing utilization review services for a utilization review agent [shall] not contain direct or indirect incentives for such persons to make medically inappropriate review decisions/. Compensation to any such persons may not/ or be directly or indirectly based on the quantity or type of adverse determinations rendered;

[(F)](G) [If] That a utilization review agent [is] responsible for pre-approving any covered benefits or services/, then the utilization review agent shall/ issue a confirmation number to the enrollee when it authorizes the provision of health care services; and

[(G)](H) That [If] a utilization review agent authorizes the provision of health care services, the utilization review agent [shall] not subsequently retract its authorization after the health care services have been provided, or reduce payment for an item or service furnished in reliance on approval, unless/:-—

1. Such authorization is based on a material misrepresentation or omission about the treated person's health condition or the cause of the health condition; or

2. The health benefit plan terminates before the health care services are provided; or

3. The covered person's coverage under the health benefit plan terminates before the health care services are provided.

AUTHORITY: section 374.515, [RSMo 2000 and section 376.1399,] RSMo [Supp. 2007] 2016. Emergency rule filed Nov. 1, 1991, effective Nov. 11, 1991, expired March 10, 1992. Original rule filed Nov. 1, 1991, effective May 14, 1992. For intervening history, please consult the *Code of State Regulation*. Amended: Filed Jan. 27, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Commerce and Insurance Attention: Megan VanAusdall, PO Box 690, Jefferson City, Missouri 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for April 2, 2020 at 1 p.m. at the Missouri Department of Commerce and Insurance, Room 530, 301 West High Street, Jefferson City, Missouri 65101.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 700—Insurance Licensing Chapter 8—Title Agencies and Title Agents

PROPOSED AMENDMENT

20 CSR 700-8.005 Scope and Definitions. The director is amending sections (1) and (2) of this rule.

PURPOSE: This amendment removes an unnecessary reference to chapter 536, RSMo and clarifies definitions applicable to title insurance agents and agencies.

(1) Applicability of Rules. The rules in this chapter apply to title agents and title agencies transacting the business of insurance in this state under [C]chapter 381, RSMo, including those licensed as insurance producers under section 375.018, RSMo. [The rules shall be read together with chapter 536, RSMo.]

(2) Definitions.

(A) "Director," the director of the department;

(B) "Department," the Department of Commerce and Insurance;

(E) "Licensee," [a] the person or entity authorized under an insurance producer license by this state to act as a title agent or title agency;

(H) "Title agency," any partnership, corporation, association, sole proprietorship, or any other legal entity [not an individual] other than a natural person, which as an agent of a title insurer or representative of the title agent or agency, transacts the business of title insurance; and

(I) "Title agent," any [individual] natural person, who as an agent of a title insurer or representative of the title agent or agency, transacts the business of title insurance.

AUTHORITY: sections 374.045, [RSMo 2000 and sections] 381.042, and 381.115, RSMo [Supp. 2007] 2016. Original rule filed Jan. 17, 2008, effective Sept. 30, 2008. Non-substantive change filed Sept. 11, 2019, published Oct. 31, 2019. Amended: Filed Jan. 27, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Commerce and Insurance, Attention: Josh Wille, PO Box 690, Jefferson City, Missouri 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for 1:00 p.m. on April 2, 2020, at the Missouri Department of Commerce and Insurance, Room 530, 301 West High Street, Jefferson City, Missouri 65101.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 700—Insurance Licensing Chapter 8—Title Agencies and Title Agents

PROPOSED AMENDMENT

20 CSR 700-8.150 Title Agent and Qualified Principal Examination Requirements. The director is amending the title of this rule and amending sections (1), (2), and (3) and removing section (4), the director is also adding a new section (2) and renumbering sections as necessary.

PURPOSE: The proposed amendment provides clarity regarding expiration of examination results and the title agency qualified principal requirement. The proposed amendment also makes it clear that the qualified principal examination can be used to satisfy the agent examination requirements and explains how the designation of qualified principals operates as a component in title agency registration.

(1) Title Agents. [Before] Prior to submitting an application for a title agent license to the department and before an individual may be licensed as a title agent, the applicant must first take and pass either the Missouri Title Agent Examination[, approved by the director, testing both the individual's knowledge regarding title services, title insurance, real estate closings, and title insurance statutes and regulations. The examination must be taken and passed prior to submitting an application for a title agent license to the department] or the Title Agency Qualified Principal Examination.

(2) Time Limitation. For purposes of compliance with this examination requirement, the applicant has one (1) year from the date of the examination to submit an application for licensure to the department.

[(2)](3) Title Agency Qualified Principals. [Before a business entity may be licensed as a title agency, the] Pursuant to the requirements of section 381.118, RSMo, prior to submitting an application to become licensed as a title agency, each applicant title agency must designate [a qualified principal who has] at least one (1) authorized title agent to serve as the title agency's qualified principal. The designated qualified principal must have taken and passed the Missouri Title Agency Qualified Principal

examination[, approved by the director, testing the individual's knowledge regarding title services, title insurance, real estate closings, and title insurance statutes and regulations. The examination must be taken and passed by the qualified principal prior to submitting an application for a title agency license to the department] or be exempt from the qualified principal examination requirement. Each title agency will maintain a current and updated list of title agents who have been designated to act as the title agency's qualified principal, the list will include at least one (1) such title agent but may include any number of title agents so long as each designated agent has taken and passed the Missouri Title Agency Qualified Principal Examination or is exempt from such examination.

[(3)](4) Testing Service. The department contracts with an independent testing service, which administers the examinations referred to in this rule. In order to take an examination, it may be necessary for an individual [must] to register and pay the appropriate fee to the independent testing service designated by the director. Instructions may be obtained from the independent testing service or the department.

[(4) Time Limitation. Once an individual has passed an examination, the applicant has one (1) year from the date of the examination in which to submit an application for licensure to the department. If an applicant fails to submit an application for licensure to the department within this time period, the applicant must take and pass the examination again before the applicant may be licensed.]

AUTHORITY: sections 374.045, [RSMo 2000 and sections] 381.042, and 381.118, RSMo [Supp. 2007] 2016. Emergency rule filed Jan. 16, 2008, effective Jan. 28, 2008, expired July 25, 2008. Original rule filed Jan. 16, 2008, effective Sept. 30, 2008. Amended: Filed Jan. 27, 2020.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Commerce and Insurance, Attention: Josh Wille, PO Box 690, Jefferson City, Missouri 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for 1:00 p.m. on April 2, 2020, at the Missouri Department of Commerce and Insurance, Room 530, 301 West High Street, Jefferson City, Missouri 65101.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2120—State Board of Embalmers and Funeral Directors

Chapter 3—Preneed

PROPOSED RESCISSION

20 CSR 2120-3.515 Single Premium Annuity Contracts. This rule stated that while only single premium annuity contracts could fund an insurance-funded preneed contract, purchasers could purchase replacement single premium annuity contracts during the contract period.

PURPOSE: This proposed rescission is being made because this language is addressed in statute.

AUTHORITY: sections 333.340, 436.405, and 436.520, RSMo Supp. 2009. Emergency rule filed Dec. 4, 2009, effective Dec. 14, 2009, expired June 11, 2010. Original rule filed Dec. 4, 2009, effective June 30, 2010. Rescinded: Filed Jan. 30, 2020.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the State Board of Embalmers and Funeral Directors, 3605 Missouri Boulevard, PO Box 423, Jefferson City, MO 65102-0423, by facsimile at (573) 751-1155, or via email to embalm@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2120—State Board of Embalmers and Funeral Directors

Chapter 3—Preneed

PROPOSED RULE

20 CSR 2120-3.530 Confidentiality of Preneed Records Obtained by the Board through Financial Examination, Audit, or Investigation

PURPOSE: The purpose of this rule is to ensure confidentiality of consumer records and confidential data of licensees and registrants.

(1) Upon completion of any financial exam, audit, or investigation involving preneed records, the board members may be provided with a summary of the results of the exam, audit, or investigation and any such summary shall not include information made confidential per section 436.525, RSMo, unless such information is required for the board to evaluate whether the board should take further action.

(2) No individual member of the board shall be given access to review the work papers of the examiners, auditors, or investigator related to the examination, audit, or investigation of preneed records unless such access has been specifically approved by the board, as a body. Work papers shall include any records or information obtained from any licensee, registrant, or any other source that includes any information made confidential by section 436.525, RSMo. Work papers shall also include any compilation, spreadsheet, or other record prepared by the examiner, auditor, or investigator from information and records obtained from the licensee, registrant, or other source that contains information made confidential by section 436.525, RSMo. Work papers shall not include any document that would otherwise be an open record under Missouri law.

AUTHORITY: sections 333.111 and 436.525, RSMo 2016. Original rule filed Jan. 30, 2020.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Embalmers and Funeral Directors, Lori Hayes, Executive Director, 3605 Missouri Boulevard, PO Box 423, Jefferson City, MO 65102-0423, by facsimile at (573) 751-1155, or via email to embalm@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE**

**Division 2120—State Board of Embalmers and Funeral
Directors**

Chapter 3—Preneed

PROPOSED RULE

**20 CSR 2120-3.540 Financial Examination-Audit Process and
Procedures**

PURPOSE: This rule provides clarification of the financial examination process and procedures to educate licensees and the public.

(1) The board shall conduct a financial examination of the books and records of each seller at least once every five (5) years, subject to available funding.

(2) The board shall conduct financial examinations or audits as a means to ensure compliance with the provisions of Chapters 333 and 436.400 to 436.525, RSMo, and 20 CSR 2120-3 as those statutes and regulations relate to preneed funeral contracts.

(3) The board will set the scope of financial examinations.

(4) Upon determining that a financial examination or audit of a seller is to be conducted, the board will issue a notice to the assigned examiner that will instruct the examiner as to the scope of the financial examination or audit.

(5) Before the board begins a financial examination or audit, the board may provide notice to the seller that the board will be conducting a financial examination. This notice will contain the following:

(A) Notice to the seller that the board will be conducting a financial examination or audit; and

(B) A request of the seller to submit to the board specified records the board will require to begin the financial examination or audit and a date by which those records are due to the board. The board may request copies of statements showing trust balances and assets, joint account statements, verification of insurance for insurance funded preneed contracts, copies of ledgers or reports detailing all active preneed contracts, copies of agreements with providers, agents, trustees, and any other records the board deems relevant to conduct the financial examination or audit.

(6) Seller will be given opportunity to provide response to the financial examination or audit report.

(7) Upon the board's determination that all exceptions identified in a financial examination or audit have been resolved, the board will provide written notice to the seller that the financial examination or audit has been closed by the board.

AUTHORITY: sections 333.330, 333.340, 436.470, and 436.520, RSMo 2016. Original rule filed Jan. 30, 2020.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Embalmers and Funeral Directors, Lori Hayes, Executive Director, 3605 Missouri Boulevard, PO Box 423, Jefferson City, MO 65102-0423, by facsimile at (573) 751-1155, or via email to embalm@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE**

**Division 2120—State Board of Embalmers and Funeral
Directors**

Chapter 3—Preneed

PROPOSED RULE

20 CSR 2120-3.550 Seller Fees and Charges on Preneed Contracts

PURPOSE: This rule clarifies how optional fees and charges for items other than funeral services and funeral merchandise shall be shown on a preneed contract.

(1) If a seller and purchaser agree to include any optional fees or charges on a preneed contract for items other than funeral services and funeral merchandise, as those terms are defined in these rules and by provisions of Chapters 333 and sections 436.400 to 436.525, RSMo, the contract must include a description of each optional fee or charge as it is shown on the general price list. Examples of optional fees or charges that might be part of a preneed contract include fees for installment payments on the preneed contract, price protection, or price guarantee fees.

(2) With the exception of credit life premiums and the board's state contract fee, as authorized by sections 436.400 to 436.525, RSMo, all optional fees or charges shall be considered as payments on the preneed contract and must be deposited pursuant to sections 436.400 to 436.525, RSMo, into trust or joint account, as per the terms of the preneed contract. For insurance funded preneed contracts, any optional fees shall be considered as part of the preneed contract.

AUTHORITY: sections 333.340, 436.425, 436.430, and 436.520, RSMo 2016. Original rule filed Jan. 30, 2020.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Embalmers and Funeral Directors, Lori Hayes, Executive Director, 3605 Missouri Boulevard, PO Box 423, Jefferson City, MO 65102-0423, by facsimile at (573) 751-1155, or via email to embalm@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2120—State Board of Embalmers and Funeral
Directors
Chapter 3—Preneed**

PROPOSED RULE

20 CSR 2120-3.560 Cemetery Exemption

PURPOSE: The purpose of the rule is to provide clarification regarding what preneed falls within Chapter 436, RSMo and Chapter 214, RSMo.

(1) Pursuant to section 333.310, RSMo, a cemetery is exempt from the licensure requirements of sections 333.315 and 333.320, RSMo, when all of the following conditions are satisfied:

(A) The cemetery has a current and valid license issued pursuant to section 214.275, RSMo;

(B) All sales of merchandise made by the cemetery that would otherwise be defined as a preneed contract for funeral merchandise are made pursuant to a contract whereby such merchandise is either—

1. Purchased in conjunction with an interment right or grave space subject to section 214.320, RSMo; or

2. Made to be delivered to an interment right or grave subject to section 214.320, RSMo, that is owned by the purchaser and identified in the contract;

(C) The cemetery has not been found to be in non-compliance with sections 214.385 or 214.387, RSMo, by the Office of Endowed Care Cemeteries pursuant to a completed examination, audit, decision of the Administrative Hearing Commission, or order of any court; and

(D) The cemetery does not offer funeral services that may only be provided by a Missouri licensed funeral director or embalmer.

AUTHORITY: sections 333.111 and 333.310, RSMo 2016. Original rule filed Jan. 30, 2020.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Embalmers and Funeral Directors, Lori Hayes, Executive Director, 3605 Missouri Boulevard, PO Box 423, Jefferson City, MO 65102-0423, by facsimile at (573) 751-1155, or via email to embalm@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2245—Real Estate Appraisers
Chapter 3—Applications for Certification and Licensure**

PROPOSED AMENDMENT

20 CSR 2245-3.005 Trainee Real Estate Appraiser Registration.
The commission is amending sections (4) and (6).

PURPOSE: The proposed amendment extends the length of time a trainee may hold a trainee license.

(4) On or after July 1, 2013, trainee applicants in addition to the requirements outlined in section (3) of this rule will also be required to submit—

(E) *[Licenses or certificates issued to trainees will be valid for a period of four (4) years from the date of issuance. The holder of a license or certificate as a trainee may request an extension in writing and for just cause at least thirty (30) days prior to the expiration date. The commission may grant one (1) extension for one (1) additional year] Licenses or certificates issued to trainees will be valid for a period of ten (10) years from the date of issuance. Thereafter, the holder of a license or certificate as a trainee may request on an annual basis, a one (1) year extension in writing and for just cause at least thirty (30) days prior to the expiration date; and*

(6) Training.

[(H) A certified appraiser may not serve as the supervising appraiser for an individual trainee for more than five (5) years, unless otherwise approved by the commission for good cause. The “trainee real estate appraiser” registration is not intended as a long-term method of performing appraisal services in the absence of progress toward licensure or certification as an appraiser. A supervising appraiser shall not serve as supervising appraiser for any trainee if the supervisor has knowledge that the trainee does not intend to progress toward licensure or certification or with the intent to evade the appraiser licensing or certification requirements of Chapter 339, RSMo.]

*AUTHORITY: section 339.509[(8)], RSMo 2016. Original rule filed Nov. 21, 2006, effective July 30, 2007. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Jan. 30, 2020.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Real Estate Appraisers Commission, Vanessa Beauchamp, Executive Director, PO Box 1335, Jefferson City, MO 65102, by faxing comments to (573) 751-0038, or by emailing comments to reacom@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its Order of Rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the Proposed Rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 11—Wildlife Code: Special Regulations for Department Areas

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-11.210 is amended.

This rule establishes daily limits for fish and is exempted by sections 536.021, RSMo 2016 from the requirements for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-11.210 Fishing, Daily and Possession Limits by establishing daily limits for taking fish from waters of the state.

3 CSR 10-11.210 Fishing, Daily and Possession Limits

(8) The daily limit for fish other than those designated as endangered in 3 CSR 10-4.111 or defined as game fish shall be ten (10) in the aggregate on the following department areas:

- (F) Reifsnider (Frank, Emma Elizabeth and Edna) State Forest
- (G) Weldon Spring Conservation Area
- (H) White (William G. and Erma Parke) Memorial Wildlife Area

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment

under section 536.021, RSMo.

This amendment was filed January 29, 2020, becomes effective **February 29, 2020**.

Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 12—Wildlife Code: Special Regulations for Areas Owned by Other Entities

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-12.125 is amended.

This rule establishes hunting seasons and is exempted by sections 536.021, RSMo 2016 from the requirements for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-12.125 Hunting and Trapping by establishing seasons for hunting.

3 CSR 10-12.125 Hunting and Trapping

(1) Hunting, under statewide permits, seasons, methods, and limits, is permitted except as further restricted in this chapter and except for deer and turkey hunting as authorized in the annual *Fall Deer & Turkey Hunting Regulations and Information* booklet published in August and annual *Spring Turkey Hunting Regulations and Information* booklet published in March, which are incorporated in this *Code* by reference. A printed copy of these booklets can be obtained from the Missouri Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180 and are also available online at www.missouriconservation.org. This rule does not incorporate any subsequent amendments or additions.

(B) Hunting is prohibited on the following areas:

1. Bethany (Old Bethany City Reservoir);
2. Buchanan County (Gasper Landing);
3. California (Proctor Park Lake);
4. Carthage (Kellogg Lake);
5. Columbia (Antimi Lake, Cosmo-Bethel Lake, Lake of the Woods, Twin Lakes);
6. Dexter City Lake;
7. Farmington (Giessing Lake, Hager Lake, Thomas Lake);
8. Fenton (Preslar Lake, Upper Fabick Lake, Westside Park Lake);
9. Fulton (Morningside Lake, Truman Lake, Veterans Park Lake);
10. Hamilton City Lake;
11. Harrisonville (North Lake);
12. Jackson (Rotary Lake);
13. Jackson County (Alex George Lake, Bergan Lake, Bowlin Pond, Fleming Pond, Lake Jacomo, Prairie Lee Lake, Scherer Lake, Tarsney Lake, Wood Lake, Wyatt Lake);
14. Kearney (Jesse James Park Lake);
15. Kirksville (Spur Pond);
16. Lawson City Lake;
17. Liberty (Fountain Bluff Park Ponds Nos. 1, 2, 3, 4, 5, 6, 7, and 8);
18. Macon County (Fairgrounds Lake);
19. Mexico (Lakeview Lake, Kiwanis Lake);
20. Mineral Area College (Quarry Pond);

21. Moberly (Rothwell Park Lake, Water Works Lake);
22. Mount Vernon (Williams Creek Park Lake);
23. Odessa (Lake Venita);
24. Overland (Wild Acres Park Lake);
25. Perry County (Legion Lake 1);
26. Potosi (Roger Bilderback Lake);
27. Raymore (Johnston Lake);
28. Rolla (Schuman Park Lake);
29. St. Ann (Gendron Lake);
30. St. Charles (Fountain Lakes Pond, Kluesner Lake, Moore Lake, Skate Park Lake);
31. St. James (Scioto Lake);
32. St. Joseph (Krug Park Lagoon);
33. St. Louis County (Bee Tree Park Lake, Blackjack Lake, Carp Lake, Creve Coeur Park Lake, Fountain Lake, Island Lake, Jarville Lake, Simpson Park Lake, Spanish Lake, Sunfish Lake);
34. Savannah City Lake;
35. Sedalia (Clover Dell Park Lake);
36. Sedalia Water Department (Spring Fork Lake);
37. Springfield City Utilities (Lake Springfield);
38. Union (Union City Lake)
39. University of Missouri (Thomas S. Baskett Wildlife Research and Education Center);
40. Warrensburg (Lions Lake);
41. Watershed Committee of the Ozarks (Valley Water Mill Lake);
42. Wentzville (Community Club Lake, Heartland Lake); and
43. Windsor (Farrington Park Lake).

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment was filed January 29, 2020, becomes effective **February 29, 2020**.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 12—Wildlife Code: Special Regulations for
Areas Owned by Other Entities**

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-12.140 is amended.

This rule establishes daily and possession limits for fish and is exempted by sections 536.021, RSMo 2016 from the requirements for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-12.140 Fishing, Daily and Possession Limits by establishing daily and possession limits for taking fish from waters of the state.

3 CSR 10-12.140 Fishing, Daily and Possession Limits

- (2) The daily limit for black bass is two (2) on the following lakes:
 - (N) Kearney (Jesse James Park Lake);
 - (O) Keytesville (Maxwell Taylor Park Pond);
 - (P) Kirkwood (Walker Lake);
 - (Q) Liberty (Fountain Bluff Park Ponds Nos. 1, 2, 3, 4, 5, 6, 7, and 8);
 - (R) Mexico (Teal Lake);
 - (S) Mineral Area College (Quarry Pond);

- (T) Overland (Wild Acres Park Lake);
- (U) Potosi (Roger Bilderback Lake);
- (V) Raymore (Johnston Lake);
- (W) Sedalia Water Department (Spring Fork Lake);
- (X) St. Ann (Gendron Lake);
- (Y) St. Charles (Fountain Lakes Pond, Kluesner Lake, Moore Lake, Skate Park Lake);
- (Z) St. Louis (Benton Park Lake, Boathouse Lake, Fairgrounds Park Lake, Horseshoe Lake, Hyde Park Lake, Jefferson Lake, Lafayette Park Lake, North Riverfront Park Lake, O'Fallon Park Lake, North Lake, South Lake);
- (AA) St. Louis County (Bee Tree Park Lake, Blackjack Lake, Carp Lake, Creve Coeur Park Lake, Fountain Lake, Island Lake, Jarville Lake, Simpson Park Lake, Spanish Lake, Sunfish Lake, Tilles Park Lake);
- (BB) Union (Union City Lake);
- (CC) University of Missouri (South Farm R-1 Lake);
- (DD) Warrensburg (Lions Lake);
- (EE) Watkins Mill State Park (Williams Creek Lake);
- (FF) Wentzville (Community Club Lake, Heartland Lake); and
- (GG) Windsor (Farrington Park Lake).

(5) The daily limit for crappie is fifteen (15) on the following lakes:

- (F) St. Ann (Gendron Lake);
- (G) St. Charles (Fountain Lakes Pond, Kluesner Lake, Moore Lake, Skate Park Lake);
- (H) St. Louis (Benton Park Lake, Boathouse Lake, Fairgrounds Park Lake, Horseshoe Lake, Hyde Park Lake, Jefferson Lake, Lafayette Park Lake, North Riverfront Park Lake, O'Fallon Park Lake, North Lake, South Lake);
- (I) St. Louis County (Bee Tree Park Lake, Blackjack Lake, Carp Lake, Creve Coeur Park Lake, Fountain Lake, Island Lake, Jarville Lake, Simpson Park Lake, Spanish Lake, Sunfish Lake, Tilles Park Lake);
- (J) Springfield City Utilities (Fellows Lake); and
- (K) Wentzville (Community Club Lake, Heartland Lake).

(8) The daily limit for fish other than those species listed as endangered in 3 CSR 10-4.111 or defined as game fish is twenty (20) in the aggregate, except on the following lakes where the daily limit is ten (10) in the aggregate, and except for those fish included in section (7) of this rule:

- (G) Kearney (Jesse James Park Lake);
- (H) Kirkwood (Walker Lake);
- (I) Mineral Area College (Quarry Pond);
- (J) Overland (Wild Acres Park Lake);
- (K) Potosi (Roger Bilderback Lake);
- (L) St. Ann (Gendron Lake);
- (M) St. Charles (Fountain Lakes Pond, Kluesner Lake, Moore Lake, Skate Park Lake);
- (N) St. Louis (Benton Park Lake, Boathouse Lake, Fairgrounds Park Lake, Horseshoe Lake, Hyde Park Lake, Jefferson Lake, Lafayette Park Lake, North Riverfront Park Lake, O'Fallon Park Lake, North Lake, South Lake);
- (O) St. Louis County (Bee Tree Park Lake, Blackjack Lake, Carp Lake, Creve Coeur Park Lake, Fountain Lake, Island Lake, Jarville Lake, Simpson Park Lake, Spanish Lake, Sunfish Lake, Tilles Park Lake);
- (P) Union (Union City Lake);
- (Q) University of Missouri (McCredie Lake);
- (R) Watershed Committee of the Ozarks (Valley Water Mill Lake); and
- (S) Wentzville (Community Club Lake, Heartland Lake).

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment was filed January 29, 2020, becomes effective **February 29, 2020**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 12—Wildlife Code: Special Regulations for Areas
Owned by Other Entities

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-12.145 is amended.

This rule establishes length limits for fish and is exempted by sections 536.021, RSMo 2016 from the requirements for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-12.145 Fishing, Length Limits by establishing length limits for fish taken from waters of the state.

3 CSR 10-12.145 Fishing, Length Limits

(2) Black bass more than twelve inches (12") but less than fifteen inches (15") total length must be returned to the water unharmed immediately after being caught, except as follows:

(A) Black bass less than fifteen inches (15") total length must be returned to the water unharmed immediately after being caught on the following lakes:

1. Arrow Rock State Historic Site (Big Soldier Lake);
2. Bethany (Old Bethany City Reservoir);
3. Blue Springs (Lake Remembrance);
4. Butler City Lake;
5. Cameron (Century Lake, Eagle Lake, Grindstone Lake, Sunrise Lake);
6. Carthage (Kellogg Lake);
7. Columbia (Stephens Park Lake);
8. Concordia (Edwin A. Pape Lake);
9. Confederate Memorial State Historic Site lakes;
10. Dexter City Lake;
11. East Prairie (K. S. Simpkins Park Pond);
12. Farmington (Hager Lake, Giessing Lake, Thomas Lake);
13. Hamilton City Lake;
14. Harrison County Lake;
15. Higginsville (Higginsville City Lake, Upper Higginsville City Lake);
16. Holden City Lake;
17. Jackson (Litz Park Lake, Rotary Lake);
18. Jackson County (Alex George Lake, Bergan Lake, Bowlin Pond, Lake Jacomo, Prairie Lee Lake, Scherer Lake, Tarsney Lake, Wood Lake, Wyatt Lake);
19. Jefferson City (McKay Park Lake);
20. Kearney (Jesse James Park Lake);
21. Keytesville (Maxwell Taylor Park Pond);
22. Kirksville (Hazel Creek Lake);
23. Liberty (Fountain Bluff Park Ponds Nos. 1, 2, 3, 4, 5, 6, 7, and 8);
24. Marble Hill (Pellegrino Lake);
25. Mark Twain National Forest (Fourche Lake, Huzzah Pond, Loggers Lake, McCormack Lake, Noblett Lake, Roby Lake);
26. Maysville (Willow Brook Lake);
27. Mineral Area College (Quarry Pond);
28. Odessa (Lake Venita);
29. Pershing State Park ponds;

30. Potosi (Roger Bilderback Lake);
31. Raymore (Johnston Lake);
32. Unionville (Lake Mahoney);
33. University of Missouri (Dairy Farm Lake No. 1, McCredie Lake);

34. Warrensburg (Lions Lake);
35. Watkins Mill State Park (Williams Creek Lake); and
36. Windsor (Farrington Park Lake);

(B) Black bass less than eighteen inches (18") total length must be returned to the water unharmed immediately after being caught on the following lakes:

1. Ballwin (New Ballwin Park Lake, Vlasik Park Lake)
2. Columbia (Twin Lakes);
3. Fenton (Preslar Lake, Upper Fabick Lake, Westside Park Lake);
4. Ferguson (January-Wabash Lake);
5. Jennings (Koeneman Park Lake);
6. Kirkwood (Walker Lake);
7. Overland (Wild Acres Park Lake);
8. Sedalia Water Department (Spring Fork Lake);
9. St. Ann (Gendron Lake);
10. St. Charles (Fountain Lakes Pond, Kluesner Lake, Moore Lake, Skate Park Lake);
11. St. Louis (Benton Park Lake, Boathouse Lake, Fairgrounds Park Lake, Horseshoe Lake, Hyde Park Lake, Jefferson Lake, Lafayette Park Lake, North Riverfront Park Lake, O'Fallon Park Lake, North Lake, South Lake);
12. St. Louis County (Bee Tree Park Lake, Blackjack Lake, Carp Lake, Creve Coeur Park Lake, Fountain Lake, Island Lake, Jarville Lake, Simpson Park Lake, Spanish Lake, Sunfish Lake, Tilles Park Lake);
13. Union (Union City Lake);
14. University of Missouri (South Farm R-1 Lake); and
15. Wentzville (Community Club Lake, Heartland Lake);

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment was filed January 29, 2020, becomes effective **February 29, 2020**.

Title 12—DEPARTMENT OF REVENUE
Division 30—State Tax Commission
Chapter 3—Local Assessment of Property and Appeals
From Local Boards of Equalization

ORDER OF RULEMAKING

By the authority vested in the State Tax Commission under sections 138.430 and 536.073, RSMo 2016 and Article X, section 14, Mo. Const. 1945, the commission adopts a rule as follows:

12 CSR 30-3.030 Discovery is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on October 15, 2019 (44 MoReg 2579). No changes have been made in the text of the proposed rule, so it is not reprinted here. The proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The State Tax Commission received twenty-one (21) comments on the proposed rule.

COMMENTS: The State Tax Commission received twenty-one (21) comments in favor of adopting the proposed rule.

RESPONSE: The State Tax Commission agrees with the comments and filed the order of rulemaking.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 10—Office of the Director

Chapter 4—Coordinated Health Care Services

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under section 191.411.1, RSMo 2016, the department rescinds a rule as follows:

19 CSR 10-4.020 J-1 Visa Waiver Program is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2019 (44 MoReg 2689). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 10—Office of the Director

Chapter 4—Coordinated Health Care Services

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under section 191.411.1, RSMo 2016, the department adopts a rule as follows:

19 CSR 10-4.020 J-1 Visa Waiver Program is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 1, 2019 (44 MoReg 2689-2690). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received five (5) letters of which contained seven (7) comments on the proposed rule.

COMMENT #1: The Citizens Memorial Hospital District commented that Health Professional Shortage Areas (HPSA) are only one data point and may be unreliable in determining healthcare needs in a community.

RESPONSE: This comment does not contain any specific recommendations or concerns regarding any of the language in the proposed rule. According to the Health Resources & Services Administration (HRSA), HPSAs are federal scores given to areas “with a shortage in primary care, dental health, or mental health. These shortages may be geographic-, population-, or facility-based.” Applications must be submitted to HRSA and reviewed to determine if they meet eligibility criteria for designation, at which point a score will be received. Following federal guidelines through a process designed to meet the health needs of high-need areas is a valid and reliable way to ensure that the areas of high-need are being met in the state of Missouri. Therefore no change has been made to the proposed rule based on this comment.

COMMENT #2: The Citizens Memorial Hospital District commented that relying primarily on HPSA may lead to a disproportionate number of J-1 waivers being allocated to very few areas of the state. RESPONSE: The department finds that following federal guidelines through a process designed to meet the health needs of high-need areas is a valid and reliable way to ensure that the areas of high-need are being met in the state of Missouri. Therefore no change has been made to the proposed rule based on this comment.

COMMENT #3: The Citizens Memorial Hospital District commented that if all of the J-1 waivers went to one or two communities in Missouri due to the new HPSA criteria, one unintended consequence could be the inability for other providers across the state to get even one waiver for a desperately needed service.

RESPONSE: The department finds that following federal guidelines through a process designed to meet the health needs of high-need areas is a valid and reliable way to ensure that the areas of high-need are being met in the state of Missouri. Therefore no change has been made to the proposed rule based on this comment.

COMMENT #4: Donald J. Babb, CEO of Citizens Memorial Hospital District, and Steven Zweig, Interim Dean of the University of Missouri, commented that the proposed rule places an undue emphasis on primary care HPSA scores and that the following factors are better indicators in selection of the need for a specialist to receive a waiver: Lack of specialty in the service area; number of open positions; length of time and difficulty to fill open specialist positions; wait times to see new and existing patients; number of patients on Medicaid and Medicare; number of uninsured patients; and number of veterans served.

RESPONSE: The department finds that following federal guidelines through a process designed to meet the health needs of high-need areas is a valid and reliable way to ensure that the areas of high-need are being met in the state of Missouri. Therefore no change has been made to the proposed rule based on this comment.

COMMENT #5: Steven Zweig, Interim Dean of the University of Missouri, and Mark T. Steele, Executive Medical Director of University Health Physicians, commented that the proposed rule would change existing practice of the Agency of referring employers who qualify for Health and Human Services (HHS) and Delta Regional Authority (DRA) waiver to one of those programs to maximize the usage of the thirty (30) Conrad waivers.

RESPONSE: The waiver programs above are both options for many applicants. The applicants who do not get recommended by the department under the Conrad thirty (30) waivers have the opportunity to apply in either of the other programs to fulfill the requirements for a J-1 visa. The Conrad thirty (30) waivers are given to the state, which holds full discretion in how they are distributed. There are only thirty (30) slots available for applicants to apply and be selected. There is no guarantee of a recommendation for any applicants, however, primary care physicians have highest priority under Missouri’s selection criteria.

COMMENT #6: Steven Zweig, Interim Dean of the University of Missouri, commented that the proposed rule needs to be revised to either use a wide range of factors or provide some discretion in selection of J-1 waivers for specialists, or provide academic health systems with preference over other employers if waiver slots are available for specialist physicians.

RESPONSE: The department finds that following federal guidelines through a process designed to meet the health needs of high-need areas is a valid and reliable way to ensure that the areas of high-need are being met in the state of Missouri. Therefore no change has been made to the proposed rule based on this comment.

COMMENT #7: Steven Zweig, Interim Dean of the University of Missouri, commented that the department should have the ability under the emergency regulation to allocate slots to specialists who

will be employed by a tier one safety net hospital (or its primary affiliated schools of medicine).

RESPONSE: The department finds that following federal guidelines through a process designed to meet the health needs of high-need areas is a valid and reliable way to ensure that the areas of high-need are being met in the state of Missouri. Therefore no change has been made to the proposed rule based on this comment.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the State Board of Podiatric Medicine under section 330.140, RSMo 2016, the board amends a rule as follows:

20 CSR 2230-2.010 Licensure by Examination is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2019 (44 MoReg 2821-2822). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the State Board of Podiatric Medicine under section 330.140, RSMo 2016, the board adopts a rule as follows:

20 CSR 2230-2.015 Military Training to Meet Requirements for Licensure is **adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 15, 2019 (44 MoReg 2822-2823). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the State Board of Podiatric Medicine under section 330.140, RSMo 2016, the board adopts a rule as follows:

20 CSR 2230-2.032 Reactivation of Inactive License is **adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 15, 2019 (44 MoReg 2823). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the State Board of Podiatric Medicine under section 330.140, RSMo 2016, the board adopts a rule as follows:

20 CSR 2230-2.035 Exemption from License Renewal Requirement for Active Duty Military and Stay of Administrative Actions Against a Licensee Serving on Active Military Duty is **adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 15, 2019 (44 MoReg 2823-2824). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the State Board of Podiatric Medicine under section 330.140, RSMo 2016, the board adopts a rule as follows:

20 CSR 2230-2.036 Waiver of Requirement for Continuing Education for National Guard and Reservists is **adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 15, 2019 (44 MoReg 2824). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the State Board of Podiatric Medicine under section 330.140, RSMo 2016, the board amends a rule as follows:

20 CSR 2230-2.050 Licensure by Reciprocity **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2019 (44 MoReg 2825-2826). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the State Board of Podiatric Medicine under section 330.140, RSMo 2016, the board adopts a rule as follows:

20 CSR 2230-2.055 Issuance of Temporary Courtesy License to Nonresident Military Spouse **is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 15, 2019 (44 MoReg 2826-2828). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the State Board of Podiatric Medicine under section 330.140, RSMo 2016, the board amends a rule as follows:

20 CSR 2230-2.065 Temporary Licenses for Internship/Residency **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2019 (44 MoReg 2829-2830). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2330—State Board of Podiatric Medicine
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the State Board of Podiatric Medicine

under section 330.140, RSMo 2016, the board amends a rule as follows:

20 CSR 2230-2.070 Fees **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2019 (44 MoReg 2830-2832). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 60—Missouri Health Facilities Review
Committee
Chapter 50—Certificate of Need Program**

**NOTIFICATION OF REVIEW:
APPLICATION REVIEW SCHEDULE**

The Missouri Health Facilities Review Committee has initiated review of the CON applications listed below. A decision is tentatively scheduled for March 23, 2020. These applications are available for public inspection at the address shown below.

Date Filed

Project Number: Project Name
City (County)
Cost, Description

2/6/2020

#5763 DT: Ratliff Care Center & Sprigg Street Manor
Cape Girardeau (Cape Girardeau County)
\$2,722,000, Renovate/Modernize existing SNF & RCF

2/10/2020

#5764 HT: Barnes-Jewish Hospital
St. Louis (St. Louis City)
\$4,067,040, Replace 2 MRI units

#5759 HT: SSM Health DePaul Hospital
Bridgeton (St. Louis County)
\$1,116,032, Replace cardiac catheterization lab

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by March 12, 2020. All written requests and comments should be sent to—

Chairman
Missouri Health Facilities Review Committee
c/o Certificate of Need Program
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65102
For additional information contact Alison Dorge at
alison.dorge@health.mo.gov.

The Secretary of State is required by sections 347.141 and 359.481, RSMo, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to adrules.dissolutions@sos.mo.gov.

NOTICE OF DISSOLUTION OF CORPORATION

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST C. JUENGEL, INC., a Missouri corporation.

On December 27, 2019, C. Juengel, Inc., a Missouri corporation filed its Articles of Dissolution with the Missouri Secretary of State. Dissolution was effective December 27, 2019.

Said corporation requests that all persons and organizations with claims against it present them immediately by letter to: Danna McKittrick, P.C., 7701 Forsyth Blvd., St. Louis, MO 63105. All claims must include: the name and address of the claimant; the amount claimed; the basis for the claim; the date(s) on which the event(s) the claim is based occurred; and a brief description of the facts surrounding the claim.

Because of the dissolution of said corporation, any claims against it will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the publication date of this notice.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST 3129 REGAL PLACE LLC.

On January 28, 2020, 3219 Regal Place LLC, filed its Notice of Winding Up with the Missouri Secretary of State.

Claims against the corporation must be submitted to Beck Ostrom Sweet, 3500 Magnolia Ave., Saint Louis, MO 63118.

Claims must contain: 1) claimant name, address, and telephone number; 2) the amount claimed; 3) the date on which the claim arose; & 4) a brief description of the basis of the claim, including supporting documentation.

All claims against 3219 Regal Place LLC will be barred unless proceedings to enforce the claim are commenced within three (3) years of the date of this notice's publication.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST RONALD BRATTIN, INC.

On January 21, 2020, RONALD BRATTIN, INC., a Missouri Corporation, (the "Corporation") filed its Resolution to Dissolve Affidavit with Missouri Secretary of State. All claims against the Corporation must be submitted in writing to Vicki Sheets, 705 Allendale Lake Road, Greenwood, MO 64034.

Each claim must include: (1) the name and address of the claimant; (2) the amount claimed; (3) the date(s) of which the claim arose; (4) the basis for the claim; and (5) documentation in support of the claim.

All claims against RONALD BRATTIN, INC. will be barred unless a proceeding to enforce the claim is commenced within two years after the publication of this notice.

NOTICE OF WINDING UP OF LIMITED PARTNERSHIP

NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST **WILLIAM BIRD MOORE FAMILY PARTNERSHIP, L.P.**, a Missouri limited partnership.

On January 10, 2020, **WILLIAM BIRD MOORE FAMILY PARTNERSHIP, L.P.**, a Missouri limited partnership (hereinafter the "Partnership"), filed its Cancellation of Registration of Limited Partnership with the Secretary of State, effective as of the date of filing by the Secretary of State.

The Partnership requests that all persons and organizations with claims against it present to them immediately, by letter, to the attention of: DTC Advisors, LLC, 8820 Ladue Road, Suite 202, St. Louis, MO 63124. Each claim must include the following information: the name, address, and telephone number of the claimant; the amount claimed; the date on which the claim arose; the basis for the claim; and documentation in support of the claim.

All claims against the Partnership will be barred unless a proceeding to enforce the claim is commenced within three (3) years after publication of this notice.

Mary Barragan, on behalf of
**WILLIAM BIRD MOORE FAMILY
PARTNERSHIP, L.P.**

**NOTICE OF WINDING UP TO ALL CREDITORS OF,
AND CLAIMANTS AGAINST, WEIGAND FEED & GRAIN, LLC**

Weigand Feed & Grain, LLC, a Missouri limited liability company, filed a "Notice of Winding Up for Limited Liability Company" with the Missouri Secretary of State on August 19, 2019. Pursuant to Section 347.141 RSMo., persons with claims against the company should present them in accordance with such notice of winding up. In order to file a claim with the company you must first furnish the (1) amount of the claim; (2) basis for the claim, and (3) documentation of the claim. Such claims must be submitted to Dan Weigand, 327 NW 900 Road, Warrensburg, Missouri 64093. Claims against the company will be barred against unless a proceeding to enforce the claim is commenced within three years after the publication date of this notice.

Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—43 (2018) and 44 (2019). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
OFFICE OF ADMINISTRATION					
1 CSR 10	State Officials' Salary Compensation Schedule				44 MoReg 2847
1 CSR 20-6.010	Personnel Advisory Board and Division of Personnel		44 MoReg 2665	45 MoReg 313	
1 CSR 50-2.040	Missouri Ethics Commission		44 MoReg 2361	45 MoReg 213	
1 CSR 50-2.070	Missouri Ethics Commission		44 MoReg 2362	45 MoReg 213	
1 CSR 50-5.010	Missouri Ethics Commission	44 MoReg 2359	44 MoReg 2362	45 MoReg 213	
1 CSR 50-5.020	Missouri Ethics Commission	44 MoReg 2359	44 MoReg 2362	45 MoReg 213	
DEPARTMENT OF AGRICULTURE					
2 CSR 30-2.020	Animal Health		44 MoReg 2087	45 MoReg 42	
2 CSR 30-9.010	Animal Health		45 MoReg 9		
2 CSR 30-9.020	Animal Health		45 MoReg 11		
2 CSR 30-9.030	Animal Health		45 MoReg 21		
2 CSR 30-9.040	Animal Health		45 MoReg 24		
2 CSR 30-10.010	Animal Health	44 MoReg 2275	44 MoReg 2283	45 MoReg 42	
2 CSR 70-10.025	Plant Industries		44 MoReg 3017		
2 CSR 70-10.050	Plant Industries		44 MoReg 3017		
2 CSR 70-10.075	Plant Industries		44 MoReg 3018		
2 CSR 70-17.010	Plant Industries	45 MoReg 185	44 MoReg 2668		
2 CSR 70-17.020	Plant Industries	45 MoReg 187	44 MoReg 2670		
2 CSR 70-17.030	Plant Industries	45 MoReg 189	44 MoReg 2671		
2 CSR 70-17.040	Plant Industries	45 MoReg 189	44 MoReg 2672R		
2 CSR 70-17.050	Plant Industries	45 MoReg 190	44 MoReg 2672		
2 CSR 70-17.060	Plant Industries	45 MoReg 191	44 MoReg 2673R		
2 CSR 70-17.070	Plant Industries	45 MoReg 191	44 MoReg 2673		
2 CSR 70-17.080	Plant Industries	45 MoReg 195	44 MoReg 2676		
2 CSR 70-17.090	Plant Industries	45 MoReg 195	44 MoReg 2676R		
2 CSR 70-17.100	Plant Industries	45 MoReg 196	44 MoReg 2676		
2 CSR 70-17.110	Plant Industries	45 MoReg 199	44 MoReg 2677		
2 CSR 70-17.120	Plant Industries	45 MoReg 200	44 MoReg 2679		
2 CSR 70-17.130	Plant Industries	45 MoReg 201	44 MoReg 2679		
2 CSR 70-35.050	Plant Industries		44 MoReg 3021		
2 CSR 70-40.005	Plant Industries		44 MoReg 2363R	45 MoReg 214R	
2 CSR 70-40.015	Plant Industries		44 MoReg 2363R	45 MoReg 214R	
2 CSR 70-40.016	Plant Industries		44 MoReg 2364R	45 MoReg 214R	
2 CSR 70-40.017	Plant Industries		44 MoReg 2364R	45 MoReg 214R	
2 CSR 70-40.025	Plant Industries		44 MoReg 2364R	45 MoReg 214R	
2 CSR 70-40.040	Plant Industries		44 MoReg 2364R	45 MoReg 214R	
2 CSR 70-40.050	Plant Industries		44 MoReg 2365R	45 MoReg 214R	
2 CSR 70-40.055	Plant Industries		44 MoReg 2365R	45 MoReg 215R	
DEPARTMENT OF CONSERVATION					
3 CSR 10-4.111	Conservation Commission		44 MoReg 2439	45 MoReg 140	
3 CSR 10-4.117	Conservation Commission		44 MoReg 2439	45 MoReg 140	
3 CSR 10-4.130	Conservation Commission		44 MoReg 2440	45 MoReg 140	
3 CSR 10-4.135	Conservation Commission		44 MoReg 1832	45 MoReg 42	
3 CSR 10-4.200	Conservation Commission		44 MoReg 1833	45 MoReg 43	
3 CSR 10-5.250	Conservation Commission		44 MoReg 1833	45 MoReg 43	
3 CSR 10-5.430	Conservation Commission		44 MoReg 1835	45 MoReg 47	
3 CSR 10-5.440	Conservation Commission		44 MoReg 1837	45 MoReg 48	
3 CSR 10-5.445	Conservation Commission		44 MoReg 1839	45 MoReg 48	
3 CSR 10-5.540	Conservation Commission		44 MoReg 1841	45 MoReg 49	
3 CSR 10-5.545	Conservation Commission		44 MoReg 1843	45 MoReg 50	
3 CSR 10-5.551	Conservation Commission		44 MoReg 1845	45 MoReg 51	
3 CSR 10-5.552	Conservation Commission		44 MoReg 1847	45 MoReg 52	
3 CSR 10-5.554	Conservation Commission		45 MoReg 102		
3 CSR 10-5.559	Conservation Commission		44 MoReg 1847	45 MoReg 52	
3 CSR 10-5.560	Conservation Commission		44 MoReg 1849	45 MoReg 53	
3 CSR 10-5.565	Conservation Commission		44 MoReg 1851	45 MoReg 55	
3 CSR 10-5.567	Conservation Commission		44 MoReg 1853	45 MoReg 56	
3 CSR 10-5.570	Conservation Commission		44 MoReg 1855	45 MoReg 56	
3 CSR 10-5.576	Conservation Commission		44 MoReg 1857	45 MoReg 57	
3 CSR 10-5.579	Conservation Commission		44 MoReg 1859	45 MoReg 58	
3 CSR 10-5.580	Conservation Commission		44 MoReg 1861	45 MoReg 59	
3 CSR 10-6.405	Conservation Commission			45 MoReg 59	
3 CSR 10-6.535	Conservation Commission			45 MoReg 60	
3 CSR 10-7.405	Conservation Commission		44 MoReg 2442	45 MoReg 140	
3 CSR 10-7.410	Conservation Commission		44 MoReg 2443	45 MoReg 140	
3 CSR 10-7.439	Conservation Commission		44 MoReg 2445	45 MoReg 142	
3 CSR 10-7.455	Conservation Commission				45 MoReg 152
3 CSR 10-8.510	Conservation Commission		44 MoReg 2447	45 MoReg 142	
3 CSR 10-10.743	Conservation Commission		44 MoReg 2447	45 MoReg 142	
3 CSR 10-10.744	Conservation Commission		44 MoReg 1863	45 MoReg 60	
3 CSR 10-10.767	Conservation Commission		44 MoReg 1865	45 MoReg 60	
3 CSR 10-11.140	Conservation Commission		44 MoReg 2447	45 MoReg 142	
3 CSR 10-11.180	Conservation Commission		44 MoReg 2448	45 MoReg 142	
3 CSR 10-11.186	Conservation Commission		44 MoReg 2449	45 MoReg 143	
3 CSR 10-11.200	Conservation Commission		44 MoReg 2449	45 MoReg 143	
3 CSR 10-11.205	Conservation Commission		44 MoReg 2450		
3 CSR 10-11.210	Conservation Commission			This Issue	
3 CSR 10-12.125	Conservation Commission			This Issue	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
3 CSR 10-12.140	Conservation Commission			This Issue	
3 CSR 10-12.145	Conservation Commission			This Issue	
3 CSR 10-12.150	Conservation Commission			45 MoReg 60	
3 CSR 10-20.805	Conservation Commission		44 MoReg 1867	45 MoReg 61	
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION					
5 CSR 20-100.125	Division of Learning Services		44 MoReg 3184		
5 CSR 20-100.295	Division of Learning Services		44 MoReg 2105	45 MoReg 66W	
5 CSR 20-100.320	Division of Learning Services	44 MoReg 2433	44 MoReg 2450	45 MoReg 313	
5 CSR 20-400.150	Division of Learning Services		44 MoReg 3023R		
5 CSR 20-400.330	Division of Learning Services		45 MoReg 31I		
5 CSR 30-261.025	Division of Financial and Administrative Services		44 MoReg 2680		
5 CSR 100-200.047	Missouri Commission for the Deaf and Hard of Hearing		44 MoReg 2115		
			44 MoReg 3192		
5 CSR 100-200.085	Missouri Commission for the Deaf and Hard of Hearing		This Issue		
5 CSR 100-200.150	Missouri Commission for the Deaf and Hard of Hearing		This Issue		
5 CSR 100-300.010	Missouri Commission for the Deaf and Hard of Hearing		44 MoReg 3192		
DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT					
6 CSR 10-2.190	Commissioner of Higher Education and Workforce Development		45 MoReg 24		
6 CSR 10-2.210	Commissioner of Higher Education and Workforce Development		45 MoReg 203		
6 CSR 250-10.030	University of Missouri	45 MoReg 5	44 MoReg 2365	45 MoReg 66	
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS					
8 CSR 20-5.010	Labor and Industrial Relations Commission		44 MoReg 2367	45 MoReg 66	
8 CSR 60-2.025	Missouri Commission on Human Rights		45 MoReg 311		
8 CSR 60-3.010	Missouri Commission on Human Rights		45 MoReg 312		
DEPARTMENT OF MENTAL HEALTH					
9 CSR 10-7.060	Director, Department of Mental Health		44 MoReg 2368	45 MoReg 66	
9 CSR 45-3.090	Division of Developmental Disabilities		44 MoReg 2681	45 MoReg 314	
DEPARTMENT OF NATURAL RESOURCES					
10 CSR 10-2.330	Air Conservation Commission		45 MoReg 312		
10 CSR 10-5.390	Air Conservation Commission		45 MoReg 25		
10 CSR 10-5.500	Air Conservation Commission		44 MoReg 2817		
10 CSR 10-5.540	Air Conservation Commission		44 MoReg 3201		
10 CSR 10-5.570	Air Conservation Commission		44 MoReg 2009	45 MoReg 143	
10 CSR 10-6.060	Air Conservation Commission		44 MoReg 2454		
10 CSR 10-6.061	Air Conservation Commission		45 MoReg 27		
10 CSR 10-6.070	Air Conservation Commission		45 MoReg 32		
10 CSR 10-6.075	Air Conservation Commission		45 MoReg 33		
10 CSR 10-6.080	Air Conservation Commission		45 MoReg 33		
10 CSR 10-6.161	Air Conservation Commission		44 MoReg 2011	45 MoReg 143	
10 CSR 10-6.200	Air Conservation Commission		44 MoReg 1872	45 MoReg 144	
10 CSR 10-6.241	Air Conservation Commission		44 MoReg 2820		
10 CSR 10-6.270	Air Conservation Commission		45 MoReg 34		
10 CSR 10-6.330	Air Conservation Commission		44 MoReg 2371		
10 CSR 10-6.390	Air Conservation Commission		44 MoReg 2372		
10 CSR 10-6.405	Air Conservation Commission		45 MoReg 35		
10 CSR 20-6.020	Clean Water Commission		44 MoReg 2290		
10 CSR 25-12.010	Hazardous Waste Management Commission		44 MoReg 2460	45 MoReg 215	
10 CSR 140	Division of Energy				45 MoReg 152
10 CSR 140-2	Division of Energy				45 MoReg 152
10 CSR 140-4	Division of Energy				45 MoReg 152
10 CSR 140-6	Division of Energy				45 MoReg 152
10 CSR 140-7	Division of Energy				45 MoReg 152
10 CSR 140-8	Division of Energy				45 MoReg 152
DEPARTMENT OF PUBLIC SAFETY					
11 CSR 40-2.015	Division of Fire Safety		44 MoReg 3023		
11 CSR 40-5.050	Division of Fire Safety		44 MoReg 3024		
11 CSR 40-5.055	Division of Fire Safety		44 MoReg 3025		
11 CSR 40-5.065	Division of Fire Safety		44 MoReg 3026		
11 CSR 40-5.070	Division of Fire Safety		44 MoReg 3031		
11 CSR 40-5.080	Division of Fire Safety		44 MoReg 3031		
11 CSR 40-5.090	Division of Fire Safety		44 MoReg 3034		
11 CSR 40-5.120	Division of Fire Safety		44 MoReg 3034		
11 CSR 40-5.170	Division of Fire Safety		44 MoReg 3036		
11 CSR 40-7.010	Division of Fire Safety		44 MoReg 3037		
11 CSR 45-11.020	Missouri Gaming Commission		44 MoReg 1872		
			45 MoReg 102		
11 CSR 45-11.110	Missouri Gaming Commission		44 MoReg 1873		
			45 MoReg 105		
11 CSR 45-30.090	Missouri Gaming Commission		44 MoReg 1873		
			45 MoReg 105		
11 CSR 45-30.130	Missouri Gaming Commission		44 MoReg 1873		
			45 MoReg 105		
11 CSR 45-40.010	Missouri Gaming Commission		44 MoReg 3041		
11 CSR 45-40.020	Missouri Gaming Commission		44 MoReg 3041		
11 CSR 45-40.050	Missouri Gaming Commission		44 MoReg 3042		
11 CSR 45-40.060	Missouri Gaming Commission		44 MoReg 3043		
11 CSR 45-40.070	Missouri Gaming Commission		44 MoReg 3044		
11 CSR 45-40.090	Missouri Gaming Commission		44 MoReg 3044		
11 CSR 45-40.100	Missouri Gaming Commission		44 MoReg 1553		
			44 MoReg 3045		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
11 CSR 50-2.430	Missouri State Highway Patrol		44 MoReg 2471R	45 MoReg 144R	
DEPARTMENT OF REVENUE					
12 CSR 10-23.090	Director of Revenue		44 MoReg 2471	45 MoReg 217	
12 CSR 10-23.550	Director of Revenue		45 MoReg 206		
12 CSR 10-26.060	Director of Revenue		44 MoReg 2471	45 MoReg 217	
12 CSR 10-41.010	Director of Revenue	44 MoReg 2885	44 MoReg 3045		
12 CSR 10-102.100	Director of Revenue		45 MoReg 207		
12 CSR 30-3.030	State Tax Commission		44 MoReg 2579	This Issue	
12 CSR 30-4.010	State Tax Commission		45 MoReg 207		
DEPARTMENT OF SOCIAL SERVICES					
13 CSR 10-4.010	Division of Finance and Administrative Services	44 MoReg 2079	44 MoReg 2290	45 MoReg 67	
13 CSR 40-2.050	Family Support Division		44 MoReg 2579	45 MoReg 314	
13 CSR 40-2.070	Family Support Division		44 MoReg 2580R	45 MoReg 314R	
13 CSR 70-3.100	MO HealthNet Division		This Issue		
13 CSR 70-3.120	MO HealthNet Division		45 MoReg 106		
13 CSR 70-3.230	MO HealthNet Division		44 MoReg 3201		
13 CSR 70-3.240	MO HealthNet Division		45 MoReg 36		
13 CSR 70-10.016	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-10.030	MO HealthNet Division	44 MoReg 2890	44 MoReg 3051		
13 CSR 70-15.010	MO HealthNet Division	44 MoReg 2235			
13 CSR 70-15.090	MO HealthNet Division		44 MoReg 3066R		
13 CSR 70-15.110	MO HealthNet Division	44 MoReg 2236			
13 CSR 70-20.310	MO HealthNet Division		45 MoReg 40		
13 CSR 70-20.340	MO HealthNet Division		This Issue		
13 CSR 70-60.010	MO HealthNet Division		This Issue		
13 CSR 70-90.010	MO HealthNet Division		45 MoReg 106		
ELECTED OFFICIALS					
15 CSR 30-15.030	Secretary of State		This Issue		
RETIREMENT SYSTEMS					
16 CSR 10-1.010	The Public School Retirement System of Missouri		44 MoReg 2686	45 MoReg 314	
16 CSR 10-3.010	The Public School Retirement System of Missouri		This Issue		
16 CSR 10-5.010	The Public School Retirement System of Missouri		44 MoReg 2686	45 MoReg 314	
16 CSR 10-6.020	The Public School Retirement System of Missouri		This Issue		
16 CSR 10-6.060	The Public School Retirement System of Missouri		44 MoReg 2688	45 MoReg 314	
16 CSR 20-2.010	Missouri Local Government Employees' Retirement System (LAGERS)		44 MoReg 3066		
DEPARTMENT OF HEALTH AND SENIOR SERVICES					
19 CSR 10-4.020	Office of the Director	44 MoReg 2661R	44 MoReg 2689R	This IssueR	
19 CSR 10-4.020	Office of the Director	44 MoReg 2662	44 MoReg 2689	This Issue	
19 CSR 20-2.020	Division of Community and Public Health		44 MoReg 3066R		
19 CSR 20-3.040	Division of Community and Public Health		44 MoReg 3067R		
19 CSR 20-20.020	Division of Community and Public Health	44 MoReg 2081 This Issue I This Issue	This Issue		
19 CSR 25-30.011	Missouri State Public Health Laboratory		44 MoReg 2690	45 MoReg 315	
19 CSR 25-30.021	Missouri State Public Health Laboratory		44 MoReg 2691	45 MoReg 315	
19 CSR 25-30.031	Missouri State Public Health Laboratory		44 MoReg 2694	45 MoReg 315	
19 CSR 25-30.041	Missouri State Public Health Laboratory		44 MoReg 2700	45 MoReg 315	
19 CSR 25-30.050	Missouri State Public Health Laboratory		44 MoReg 2703	45 MoReg 315	
19 CSR 25-30.051	Missouri State Public Health Laboratory		44 MoReg 2703	45 MoReg 315	
19 CSR 25-30.060	Missouri State Public Health Laboratory		44 MoReg 2704	45 MoReg 316	
19 CSR 25-30.070	Missouri State Public Health Laboratory		44 MoReg 2709	45 MoReg 316	
19 CSR 25-30.080	Missouri State Public Health Laboratory		44 MoReg 2709R	45 MoReg 316R	
19 CSR 30-30.060	Division of Regulation and Licensure	44 MoReg 2084	44 MoReg 2126	45 MoReg 67	
19 CSR 30-40.750	Division of Regulation and Licensure	44 MoReg 2434	44 MoReg 2472	45 MoReg 217	
19 CSR 30-82.030	Division of Regulation and Licensure		44 MoReg 2473R	45 MoReg 218R	
19 CSR 30-95.028	Division of Regulation and Licensure	45 MoReg 7	45 MoReg 41		
19 CSR 40-4.010	Division of Maternal, Child and Family Health		44 MoReg 3067R		
19 CSR 40-7.010	Division of Maternal, Child and Family Health		44 MoReg 3067R		
19 CSR 40-7.020	Division of Maternal, Child and Family Health		44 MoReg 3067R		
19 CSR 40-7.030	Division of Maternal, Child and Family Health		44 MoReg 3068R		
19 CSR 60-50	Missouri Health Facilities Review Committee				45 MoReg 73 45 MoReg 153 This Issue
19 CSR 60-50.300	Missouri Health Facilities Review Committee		44 MoReg 2373	45 MoReg 218	
19 CSR 60-50.400	Missouri Health Facilities Review Committee		44 MoReg 2376	45 MoReg 218	
19 CSR 60-50.410	Missouri Health Facilities Review Committee		44 MoReg 2376	45 MoReg 218	
19 CSR 60-50.420	Missouri Health Facilities Review Committee		44 MoReg 2377	45 MoReg 219	
19 CSR 60-50.430	Missouri Health Facilities Review Committee		44 MoReg 2378	45 MoReg 219	
19 CSR 60-50.440	Missouri Health Facilities Review Committee		44 MoReg 2380	45 MoReg 219	
19 CSR 60-50.450	Missouri Health Facilities Review Committee		44 MoReg 2380	45 MoReg 219	
19 CSR 60-50.470	Missouri Health Facilities Review Committee		44 MoReg 2381	45 MoReg 219	
19 CSR 60-50.500	Missouri Health Facilities Review Committee		44 MoReg 2382	45 MoReg 220	
19 CSR 60-50.600	Missouri Health Facilities Review Committee		44 MoReg 2382	45 MoReg 220	
19 CSR 60-50.700	Missouri Health Facilities Review Committee		44 MoReg 2383	45 MoReg 220	
19 CSR 60-50.800	Missouri Health Facilities Review Committee		44 MoReg 2383	45 MoReg 220	
19 CSR 60-50.900	Missouri Health Facilities Review Committee		44 MoReg 2384	45 MoReg 220	
DEPARTMENT OF COMMERCE AND INSURANCE					
20 CSR	Construction Claims Binding Arbitration Cap				44 MoReg 3221
20 CSR	Sovereign Immunity Limits				44 MoReg 3221
20 CSR	State Legal Expense Fund Cap				44 MoReg 3221
20 CSR 400-5.600	Life, Annuities and Health		This Issue		
20 CSR 500-6.100	Property and Casualty		This Issue		
20 CSR 500-7.020	Property and Casualty		This Issue		
20 CSR 500-7.030	Property and Casualty		This Issue		
20 CSR 500-7.050	Property and Casualty		This Issue		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
20 CSR 500-7.060	Property and Casualty		This Issue		
20 CSR 500-7.070	Property and Casualty		This Issue		
20 CSR 500-7.090	Property and Casualty		This Issue		
20 CSR 500-7.200	Property and Casualty		This Issue		
20 CSR 700-4.100	Insurance Licensing		This Issue		
20 CSR 700-8.005	Insurance Licensing		This Issue		
20 CSR 700-8.150	Insurance Licensing		This Issue		
20 CSR 2010-5.070	Missouri State Board of Accountancy		44 MoReg 2385	45 MoReg 144	
20 CSR 2010-5.080	Missouri State Board of Accountancy		44 MoReg 2385	45 MoReg 144	
20 CSR 2010-5.090	Missouri State Board of Accountancy		44 MoReg 2386	45 MoReg 144	
20 CSR 2010-5.100	Missouri State Board of Accountancy		44 MoReg 2387	45 MoReg 145	
20 CSR 2010-5.110	Missouri State Board of Accountancy		44 MoReg 2387	45 MoReg 145	
20 CSR 2030-2.040	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		45 MoReg 208		
20 CSR 2030-4.100	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		44 MoReg 3202		
20 CSR 2040-4.015	Office of Athletics		44 MoReg 3068		
20 CSR 2070-2.060	State Board of Chiropractic Examiners		45 MoReg 209R		
			45 MoReg 209		
20 CSR 2120-2.005	State Board of Embalmers and Funeral Directors		44 MoReg 3202		
20 CSR 2120-2.008	State Board of Embalmers and Funeral Directors		44 MoReg 3203		
20 CSR 2120-2.050	State Board of Embalmers and Funeral Directors		44 MoReg 3204R		
20 CSR 2120-2.070	State Board of Embalmers and Funeral Directors		44 MoReg 3204		
20 CSR 2120-3.515	State Board of Embalmers and Funeral Directors		This IssueR		
20 CSR 2120-3.530	State Board of Embalmers and Funeral Directors		This Issue		
20 CSR 2120-3.540	State Board of Embalmers and Funeral Directors		This Issue		
20 CSR 2120-3.550	State Board of Embalmers and Funeral Directors		This Issue		
20 CSR 2120-3.560	State Board of Embalmers and Funeral Directors		This Issue		
20 CSR 2165-1.030	Board of Examiners for Hearing Instrument Specialists		44 MoReg 2710	45 MoReg 316	
20 CSR 2165-2.020	Board of Examiners for Hearing Instrument Specialists		44 MoReg 2710	45 MoReg 316	
20 CSR 2165-2.030	Board of Examiners for Hearing Instrument Specialists		44 MoReg 2711	45 MoReg 317	
20 CSR 2165-2.035	Board of Examiners for Hearing Instrument Specialists		44 MoReg 2712	45 MoReg 317	
20 CSR 2165-2.065	Board of Examiners for Hearing Instrument Specialists		44 MoReg 2715	45 MoReg 317	
20 CSR 2165-2.070	Board of Examiners for Hearing Instrument Specialists		44 MoReg 2715	45 MoReg 317	
20 CSR 2165-3.010	Board of Examiners for Hearing Instrument Specialists		44 MoReg 2716	45 MoReg 317	
20 CSR 2165-3.020	Board of Examiners for Hearing Instrument Specialists		44 MoReg 2716	45 MoReg 317	
20 CSR 2165-3.030	Board of Examiners for Hearing Instrument Specialists		44 MoReg 2717	45 MoReg 318	
20 CSR 2197-1.010	Board of Therapeutic Massage		44 MoReg 2473R	45 MoReg 145R	
20 CSR 2197-1.020	Board of Therapeutic Massage		44 MoReg 2473R	45 MoReg 145R	
20 CSR 2197-1.030	Board of Therapeutic Massage		44 MoReg 2473R	45 MoReg 145R	
20 CSR 2197-2.010	Board of Therapeutic Massage		44 MoReg 2474	45 MoReg 146	
20 CSR 2197-2.020	Board of Therapeutic Massage		44 MoReg 2480R	45 MoReg 146R	
20 CSR 2197-2.030	Board of Therapeutic Massage		44 MoReg 2480	45 MoReg 146	
20 CSR 2197-2.040	Board of Therapeutic Massage		44 MoReg 2481	45 MoReg 146	
20 CSR 2197-2.050	Board of Therapeutic Massage		44 MoReg 2481	45 MoReg 146	
20 CSR 2197-3.005	Board of Therapeutic Massage		44 MoReg 2482R	45 MoReg 146R	
20 CSR 2197-3.010	Board of Therapeutic Massage		44 MoReg 2482	45 MoReg 147	
20 CSR 2197-4.030	Board of Therapeutic Massage		44 MoReg 2484	45 MoReg 147	
20 CSR 2197-4.040	Board of Therapeutic Massage		44 MoReg 2487R	45 MoReg 147R	
20 CSR 2197-5.010	Board of Therapeutic Massage		44 MoReg 2487R	45 MoReg 147R	
			44 MoReg 2487	45 MoReg 147	
20 CSR 2197-5.020	Board of Therapeutic Massage		44 MoReg 2488	45 MoReg 148	
20 CSR 2197-5.030	Board of Therapeutic Massage		44 MoReg 2492R	45 MoReg 148R	
20 CSR 2197-5.040	Board of Therapeutic Massage		44 MoReg 2492R	45 MoReg 148R	
20 CSR 2197-6.010	Board of Therapeutic Massage		44 MoReg 2492	45 MoReg 148	
20 CSR 2197-6.020	Board of Therapeutic Massage		44 MoReg 2493R	45 MoReg 148R	
20 CSR 2205-4.010	Missouri Board of Occupational Therapy		44 MoReg 3208		
20 CSR 2205-4.020	Missouri Board of Occupational Therapy		44 MoReg 3209		
20 CSR 2205-5.010	Missouri Board of Occupational Therapy		44 MoReg 2388	45 MoReg 71	
20 CSR 2220-2.145	State Board of Pharmacy		44 MoReg 3209		
20 CSR 2220-2.990	State Board of Pharmacy	44 MoReg 2275	44 MoReg 2304	45 MoReg 71	
20 CSR 2220-2.995	State Board of Pharmacy	44 MoReg 2573	44 MoReg 2580	45 MoReg 318	
20 CSR 2220-4.010	State Board of Pharmacy	44 MoReg 2238			
20 CSR 2220-7.025	State Board of Pharmacy		45 MoReg 210		
20 CSR 2220-7.027	State Board of Pharmacy		45 MoReg 211		
20 CSR 2220-7.075	State Board of Pharmacy		44 MoReg 3209		
20 CSR 2230-2.010	State Board of Podiatric Medicine		44 MoReg 2821	This Issue	
20 CSR 2230-2.015	State Board of Podiatric Medicine		44 MoReg 2822	This Issue	
20 CSR 2230-2.023	State Board of Podiatric Medicine		44 MoReg 2391	45 MoReg 148	
20 CSR 2230-2.030	State Board of Podiatric Medicine		44 MoReg 2392	45 MoReg 149	
20 CSR 2230-2.032	State Board of Podiatric Medicine		44 MoReg 2823	This Issue	
20 CSR 2230-2.035	State Board of Podiatric Medicine		44 MoReg 2823	This Issue	
20 CSR 2230-2.036	State Board of Podiatric Medicine		44 MoReg 2824	This Issue	
20 CSR 2230-2.050	State Board of Podiatric Medicine		44 MoReg 2825	This Issue	
20 CSR 2230-2.055	State Board of Podiatric Medicine		44 MoReg 2826	This Issue	
20 CSR 2230-2.065	State Board of Podiatric Medicine		44 MoReg 2829	This Issue	
20 CSR 2230-2.070	State Board of Podiatric Medicine		44 MoReg 2830	This Issue	
20 CSR 2233-1.010	State Committee of Marital and Family Therapists		44 MoReg 2582	45 MoReg 220	
20 CSR 2233-1.020	State Committee of Marital and Family Therapists		44 MoReg 2582R	45 MoReg 221R	
20 CSR 2233-1.030	State Committee of Marital and Family Therapists		44 MoReg 2582	45 MoReg 221	
20 CSR 2233-1.040	State Committee of Marital and Family Therapists		44 MoReg 1565	44 MoReg 2538	
			44 MoReg 3070		
20 CSR 2233-1.050	State Committee of Marital and Family Therapists		44 MoReg 2583	45 MoReg 221	
20 CSR 2233-2.010	State Committee of Marital and Family Therapists		44 MoReg 2583	45 MoReg 221	
20 CSR 2233-2.020	State Committee of Marital and Family Therapists		44 MoReg 2586	45 MoReg 221	
20 CSR 2233-2.021	State Committee of Marital and Family Therapists		44 MoReg 2588	45 MoReg 222	
20 CSR 2233-2.030	State Committee of Marital and Family Therapists		44 MoReg 2589	45 MoReg 222	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
20 CSR 2233-2.040	State Committee of Marital and Family Therapists		44 MoReg 2589	45 MoReg 222	
20 CSR 2233-2.050	State Committee of Marital and Family Therapists		44 MoReg 2590	45 MoReg 222	
20 CSR 2233-3.010	State Committee of Marital and Family Therapists		44 MoReg 2591	45 MoReg 222	
20 CSR 2245-3.005	Real Estate Appraisers		This Issue		
20 CSR 2250-5.020	Missouri Real Estate Commission		45 MoReg 113		
20 CSR 2263-2.032	State Committee for Social Workers		44 MoReg 2493	45 MoReg 149	
20 CSR 2263-2.082	State Committee for Social Workers		44 MoReg 2493	45 MoReg 149	
20 CSR 2263-3.010	State Committee for Social Workers		44 MoReg 2494	45 MoReg 149	
20 CSR 2263-3.020	State Committee for Social Workers		44 MoReg 2494	45 MoReg 150	
20 CSR 2263-3.040	State Committee for Social Workers		44 MoReg 2495	45 MoReg 150	
20 CSR 2263-3.060	State Committee for Social Workers		44 MoReg 2496	45 MoReg 150	
20 CSR 2263-3.080	State Committee for Social Workers		44 MoReg 2496	45 MoReg 150	
20 CSR 2263-3.100	State Committee for Social Workers		44 MoReg 2497	45 MoReg 150	
20 CSR 2263-3.120	State Committee for Social Workers		44 MoReg 2497	45 MoReg 150	
20 CSR 2263-3.140	State Committee for Social Workers		44 MoReg 2498	45 MoReg 151	
20 CSR 2267-1.010	Office of Tattooing, Body Piercing, and Branding		44 MoReg 2592	45 MoReg 222	
20 CSR 2267-1.020	Office of Tattooing, Body Piercing, and Branding		44 MoReg 2593	45 MoReg 223	
20 CSR 2267-1.030	Office of Tattooing, Body Piercing, and Branding		44 MoReg 2593	45 MoReg 223	
20 CSR 2267-2.010	Office of Tattooing, Body Piercing, and Branding		44 MoReg 2594	45 MoReg 223	
20 CSR 2267-2.020	Office of Tattooing, Body Piercing, and Branding		44 MoReg 2597	45 MoReg 223	
20 CSR 2267-2.030	Office of Tattooing, Body Piercing, and Branding		44 MoReg 2600	45 MoReg 223	
20 CSR 2267-2.034	Office of Tattooing, Body Piercing, and Branding		44 MoReg 2602	45 MoReg 223	
20 CSR 2267-3.010	Office of Tattooing, Body Piercing, and Branding		44 MoReg 2605	45 MoReg 224	
20 CSR 2267-4.010	Office of Tattooing, Body Piercing, and Branding		44 MoReg 2605	45 MoReg 224	
20 CSR 2267-5.010	Office of Tattooing, Body Piercing, and Branding		44 MoReg 2606	45 MoReg 224	
20 CSR 2267-5.040	Office of Tattooing, Body Piercing, and Branding		44 MoReg 2606	45 MoReg 224	
20 CSR 2270-4.050	Missouri Veterinary Medical Board		44 MoReg 2394	45 MoReg 71	
20 CSR 2270-5.011	Missouri Veterinary Medical Board		44 MoReg 2396	45 MoReg 72	
20 CSR 4240-40.020	Public Service Commission		45 MoReg 116		
20 CSR 4240-40.030	Public Service Commission		45 MoReg 119		
20 CSR 4240-40.033	Public Service Commission		45 MoReg 137		
20 CSR 4240-40.080	Public Service Commission		45 MoReg 138		
MISSOURI CONSOLIDATED HEALTH CARE PLAN					
22 CSR 10-2.020	Health Care Plan	44 MoReg 2905	44 MoReg 3073		
22 CSR 10-2.045	Health Care Plan	44 MoReg 2909R	44 MoReg 3077R		
22 CSR 10-2.045	Health Care Plan	44 MoReg 2909	44 MoReg 3077		
22 CSR 10-2.046	Health Care Plan	44 MoReg 2910	44 MoReg 3078		
22 CSR 10-2.047	Health Care Plan	44 MoReg 2911	44 MoReg 3078		
22 CSR 10-2.053	Health Care Plan	44 MoReg 2912	44 MoReg 3079		
22 CSR 10-2.055	Health Care Plan	44 MoReg 2913	44 MoReg 3080		
22 CSR 10-2.061	Health Care Plan	44 MoReg 2924	44 MoReg 3091		
22 CSR 10-2.070	Health Care Plan	44 MoReg 2926	44 MoReg 3092		
22 CSR 10-2.075	Health Care Plan	44 MoReg 2927	44 MoReg 3093		
22 CSR 10-2.089	Health Care Plan	44 MoReg 2930	44 MoReg 3096		
22 CSR 10-2.090	Health Care Plan	44 MoReg 2931	44 MoReg 3097		
22 CSR 10-2.110	Health Care Plan	44 MoReg 2933	44 MoReg 3099		
22 CSR 10-3.020	Health Care Plan	44 MoReg 2934	44 MoReg 3100		
22 CSR 10-3.045	Health Care Plan	44 MoReg 2935R	44 MoReg 3100R		
22 CSR 10-3.045	Health Care Plan	44 MoReg 2936	44 MoReg 3101		
22 CSR 10-3.055	Health Care Plan	44 MoReg 2937	44 MoReg 3102		
22 CSR 10-3.057	Health Care Plan	44 MoReg 2938	44 MoReg 3103		
22 CSR 10-3.058	Health Care Plan	44 MoReg 2948	44 MoReg 3113		
22 CSR 10-3.059	Health Care Plan	44 MoReg 2949	44 MoReg 3113		
22 CSR 10-3.061	Health Care Plan	44 MoReg 2950	44 MoReg 3114		
22 CSR 10-3.070	Health Care Plan	44 MoReg 2951	44 MoReg 3115		
22 CSR 10-3.075	Health Care Plan	44 MoReg 2953	44 MoReg 3116		
22 CSR 10-3.090	Health Care Plan	44 MoReg 2956	44 MoReg 3119		

Emergency Rule Table

Agency	Publication	Effective	Expiration
Office of Administration			
Commissioner of Administration			
1 CSR 10-3.010	Preapproval of Claims/Accounts and Direct Deposit: Definitions/Examples	Next Issue	Feb. 27, 2020Aug. 24, 2020
Missouri Ethics Commission			
1 CSR 50-5.010	Definitions . . . . .	.44 MoReg 2359	Aug. 18, 2019Feb. 27, 2020
1 CSR 50-5.020	Registration Requirements for Committees Domiciled Outside the State of Missouri and Out-of-State Committees . . . . .	.44 MoReg 2359	Aug. 18, 2019Feb. 27, 2020
Department of Agriculture			
Animal Health			
2 CSR 30-10.010	Inspection of Meat and Poultry . . . . .	.44 MoReg 2275	July 28, 2019Feb. 27, 2020
2 CSR 30-10.010	Inspection of Meat and Poultry	Next Issue	Feb. 27, 2020Aug. 24, 2020
Plant Industries			
2 CSR 70-17.010	Definitions . . . . .	.45 MoReg 185	Jan. 2, 2020June 28, 2020
2 CSR 70-17.020	Registration and Permit Application Requirements . . . . .	.45 MoReg 187	Jan. 2, 2020June 28, 2020
2 CSR 70-17.030	State and Federal Fingerprint Criminal History Background Check Requirements . . . . .	.45 MoReg 189	Jan. 2, 2020June 28, 2020
2 CSR 70-17.040	Industrial Hemp Pilot Program Grower and Handler Registration Agreement . . . . .	.45 MoReg 189	Jan. 2, 2020June 28, 2020
2 CSR 70-17.050	General Provisions for Registered Producers and Agricultural Hemp Propagule and Seed Permit Holders . . . . .	.45 MoReg 190	Jan. 2, 2020June 28, 2020
2 CSR 70-17.060	Modification of Grower and Handler Applications and Fees . . . . .	.45 MoReg 191	Jan. 2, 2020June 28, 2020
2 CSR 70-17.070	Industrial Hemp Program Fees . . . . .	.45 MoReg 191	Jan. 2, 2020June 28, 2020
2 CSR 70-17.080	Site Access for Missouri Department of Agriculture (MDA) and Law Enforcement Inspection . . . . .	.45 MoReg 195	Jan. 2, 2020June 28, 2020
2 CSR 70-17.090	Inspection of Site, Crop, and Sampling Requirements for Laboratory Analysis (Responsibilities of Registered Grower and Handler) . . . . .	.45 MoReg 195	Jan. 2, 2020June 28, 2020
2 CSR 70-17.100	Sampling Requirements and Results of Analysis . . . . .	.45 MoReg 196	Jan. 2, 2020June 28, 2020
2 CSR 70-17.110	Industrial Hemp Plant Monitoring System Requirements . . . . .	.45 MoReg 199	Jan. 2, 2020June 28, 2020
2 CSR 70-17.120	Revocation of Registration or Permit . . . . .	.45 MoReg 200	Jan. 2, 2020June 28, 2020
2 CSR 70-17.130	Agricultural Hemp Seed Requirements . . . . .	.45 MoReg 201	Jan. 2, 2020June 28, 2020
Department of Elementary and Secondary Education			
Division of Learning Services			
5 CSR 20-100.320	Prekindergarten Program Standards . . . . .	.44 MoReg 2433	Aug. 28, 2019Feb. 27, 2020
Department of Higher Education			
University of Missouri			
6 CSR 250-10.030	Inspection Fee . . . . .	.45 MoReg 5	Jan. 1, 2020June 28, 2020
Department of Revenue			
Director of Revenue			
12 CSR 10-2.015	Employers' Withholding of Tax . . . . .	.44 MoReg 1493	April 26, 2019Feb. 5, 2020
12 CSR 10-41.010	Annual Adjusted Rate of Interest . . . . .	.44 MoReg 2885	Jan. 1, 2020June 28, 2020
Department of Social Services			
MO HealthNet Division			
13 CSR 70-10.016	Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates	This Issue	Jan. 31, 2020July 28, 2020
13 CSR 70-10.030	Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/IID Services . . . . .	.44 MoReg 2890	Nov. 8, 2019May 5, 2020
13 CSR 70-15.010	Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology . . . . .	.44 MoReg 2235	July 12, 2019Feb. 27, 2020
13 CSR 70-15.110	Federal Reimbursement Allowance (FRA) . . . . .	.44 MoReg 2236	July 12, 2019Feb. 27, 2020
Department of Health and Senior Services			
Office of the Director			
19 CSR 10-4.020	J-1 Visa Waiver Program (Res) . . . . .	.44 MoReg 2661	Oct. 1, 2019March 27, 2020
19 CSR 10-4.020	J-1 Visa Waiver Program . . . . .	.44 MoReg 2662	Oct. 1, 2019March 27, 2020
19 CSR 10-15.060	Prohibition on Expenditure of Funds . . . . .	.44 MoReg 2079	July 1, 2019Feb. 27, 2020
Division of Community and Public Health			
19 CSR 20-20.020	Reporting Infectious, Contagious, Communicable, or Dangerous Diseases . . . . .	.44 MoReg 2081	July 8, 2019 .Term. Jan. 30, 2020

Agency	Publication	Effective	Expiration
19 CSR 20-20.020	Reporting Infectious, Contagious, Communicable, or Dangerous Diseases	This Issue	Feb. 10, 2020 Aug. 7, 2020
19 CSR 20-20.040	Measures to Determine the Prevalence and Prevent the Spread of Diseases which are Infectious, Contagious, Communicable, or Dangerous in their Nature	44 MoReg 2082	July 8, 2019 Feb. 27, 2020
Division of Regulation and Licensure			
19 CSR 30-30.060	Standards for the Operation of Abortion Facilities	44 MoReg 2084	July 1, 2019 Feb. 27, 2020
19 CSR 30-40.750	ST-Segment Elevation Myocardial Infarction (STEMI) Center Resignation Application and Review	44 MoReg 2434	Sept. 12, 2019 March 9, 2020
19 CSR 30-95.010	Definitions	44 MoReg 1795	June 3, 2019 Feb. 27, 2020
19 CSR 30-95.025	Generally Applicable Provisions	44 MoReg 1797	June 3, 2019 Feb. 27, 2020
19 CSR 30-95.028	Additional Licensing Procedures	45 MoReg 7	Dec. 11, 2019 June 7, 2020
19 CSR 30-95.030	Qualifying Patient/Primary Caregiver	44 MoReg 1804	June 3, 2019 Feb. 27, 2020
19 CSR 30-95.040	Medical Marijuana Facilities Generally	44 MoReg 1809	June 3, 2019 Feb. 27, 2020
19 CSR 30-95.050	Cultivation Facility	44 MoReg 1818	June 3, 2019 Feb. 27, 2020
19 CSR 30-95.060	Infused Products Manufacturing Facility	44 MoReg 1818	June 3, 2019 Feb. 27, 2020
19 CSR 30-95.070	Testing Facility	44 MoReg 1819	June 3, 2019 Feb. 27, 2020
19 CSR 30-95.080	Dispensary Facility	44 MoReg 1822	June 3, 2019 Feb. 27, 2020
19 CSR 30-95.090	Seed to Sale Tracking	44 MoReg 1823	June 3, 2019 Feb. 27, 2020
19 CSR 30-95.100	Transportation	44 MoReg 1825	June 3, 2019 Feb. 27, 2020
19 CSR 30-95.110	Physicians	44 MoReg 1826	June 3, 2019 Feb. 27, 2020

Department of Insurance, Financial Institutions and Professional Registration**State Board of Pharmacy**

20 CSR 2220-2.995	Board Approved Pilot and Research Projects	44 MoReg 2573	Sept. 27, 2019 March 24, 2020
20 CSR 2220-2.990	Rx Cares for Missouri Program	44 MoReg 2275	July 28, 2019 Feb. 27, 2020
20 CSR 2220-4.010	General Fees	44 MoReg 2238	July 20, 2019 Nov. 5, 2019

Missouri Consolidated Health Care Plan**Health Care Plan**

22 CSR 10-2.020	General Membership Provisions	44 MoReg 2905	Jan. 1, 2020 June 28, 2020
22 CSR 10-2.045	Plan Utilization Review Policy (Res)	44 MoReg 2909	Jan. 1, 2020 June 28, 2020
22 CSR 10-2.045	Plan Utilization Review Policy	44 MoReg 2909	Jan. 1, 2020 June 28, 2020
22 CSR 10-2.046	PPO 750 Plan Benefit Provisions and Covered Charges	44 MoReg 2910	Jan. 1, 2020 June 28, 2020
22 CSR 10-2.047	PPO 1250 Plan Benefit Provisions and Covered Charges	44 MoReg 2911	Jan. 1, 2020 June 28, 2020
22 CSR 10-2.053	Health Savings Account Plan Benefit Provisions and Covered Charges	44 MoReg 2912	Jan. 1, 2020 June 28, 2020
22 CSR 10-2.055	Medical Plan Benefit Provisions and Covered Charges	44 MoReg 2913	Jan. 1, 2020 June 28, 2020
22 CSR 10-2.061	Plan Limitations	44 MoReg 2924	Jan. 1, 2020 June 28, 2020
22 CSR 10-2.070	Coordination of Benefits	44 MoReg 2926	Jan. 1, 2020 June 28, 2020
22 CSR 10-2.075	Review and Appeals Procedure	44 MoReg 2927	Jan. 1, 2020 June 28, 2020
22 CSR 10-2.089	Pharmacy Employer Group Waiver Plan for Medicare Primary Members	44 MoReg 2930	Jan. 1, 2020 June 28, 2020
22 CSR 10-2.090	Pharmacy Benefit Summary	44 MoReg 2931	Jan. 1, 2020 June 28, 2020
22 CSR 10-2.110	General Foster Parent Membership Provisions	44 MoReg 2933	Jan. 1, 2020 June 28, 2020
22 CSR 10-3.020	General Membership Provisions	44 MoReg 2934	Jan. 1, 2020 June 28, 2020
22 CSR 10-3.045	Plan Utilization Review Policy (Res)	44 MoReg 2935	Jan. 1, 2020 June 28, 2020
22 CSR 10-3.045	Plan Utilization Review Policy	44 MoReg 2936	Jan. 1, 2020 June 28, 2020
22 CSR 10-3.055	Health Savings Account Plan Benefit Provisions and Covered Charges	44 MoReg 2937	Jan. 1, 2020 June 28, 2020
22 CSR 10-3.057	Medical Plan Benefit Provisions and Covered Charges	44 MoReg 2938	Jan. 1, 2020 June 28, 2020
22 CSR 10-3.058	PPO 750 Plan Benefit Provisions and Covered Charges	44 MoReg 2948	Jan. 1, 2020 June 28, 2020
22 CSR 10-3.059	PPO 1250 Plan Benefit Provisions and Covered Charges	44 MoReg 2949	Jan. 1, 2020 June 28, 2020
22 CSR 10-3.061	Plan Limitations	44 MoReg 2950	Jan. 1, 2020 June 28, 2020
22 CSR 10-3.070	Coordination of Benefits	44 MoReg 2951	Jan. 1, 2020 June 28, 2020
22 CSR 10-3.075	Review and Appeals Procedure	44 MoReg 2953	Jan. 1, 2020 June 28, 2020
22 CSR 10-3.090	Pharmacy Benefit Summary	44 MoReg 2956	Jan. 1, 2020 June 28, 2020

Executive Orders

Executive Orders	Subject Matter	Filed Date	Publication
2020			
20-01	Designates supervisory authority over select departments, divisions, or agencies of government	Feb. 03, 2020	This Issue
2019			
19-21	Closes state offices December 24, 2019 at 1 pm	Dec. 16, 2019	45 MoReg 101
19-20	Creates the Office of Apprenticeship and Work-Based Learning (OAWBL) and makes it a distinct office within the Missouri Department of Higher Education and Workforce Development	Nov. 12, 2019	44 MoReg 3181
19-19	Closes state offices November 29, 2019	Nov. 4, 2019	44 MoReg 2816
Proclamation	Governor reduces line items in the budget	Oct. 28, 2019	44 MoReg 2959
19-18	Orders the Department of Health and Senior Services, Department of Elementary and Secondary Education, and the Department of Public Safety to develop a statewide campaign to deter the use of vaping devices by Missouri youths	Oct. 15, 2019	44 MoReg 2815
19-17	Rescinds Executive Order 81-24	Sept. 20, 2019	44 MoReg 2664
19-16	Orders the commencement of the Missouri as a Model Employer Initiative, with directives for the State of Missouri employing people with disabilities	Sept. 9, 2019	44 MoReg 2576
19-15	Declares the Department of Higher Education be henceforth called Department of Higher Education and Workforce Development	Aug. 28, 2019	44 MoReg 2438
Proclamation	Calls for a Special Session of the One Hundredth General Assembly	Aug. 21, 2019	44 MoReg 2436
19-14	Establishes the Flood Recovery Advisory Working Group	July 18, 2019	44 MoReg 2281
19-13	Establishes the Missouri Health Insurance Innovation Task Force	July 17, 2019	44 MoReg 2278
19-12	Closes state offices July 5, 2019	July 3, 2019	44 MoReg 2239
19-11	Establishes the Missouri Food, Beverage, and Forest Products Manufacturing Task Force	June 28, 2019	44 MoReg 2085
19-10	Extends Executive Order 19-06 - State of Emergency	June 13, 2019	44 MoReg 1993
19-09	Calls and orders into active service, portions of the organized militia as necessary to aid executive officials in protecting life and property	May 27, 2019	44 MoReg 1830
19-08	Declares a State of Emergency	May 21, 2019	44 MoReg 1828
Writ of Election	Fills vacancy in the One Hundredth General Assembly from the 158th district	April 23, 2019	44 MoReg 1499
Writ of Election	Fills vacancy in the One Hundredth General Assembly from the 99th district	April 23, 2019	44 MoReg 1497
19-07	Extends Executive Order 19-06 - State of Emergency	April 30, 2019	44 MoReg 1501
19-06	Gives the Department of Natural Resources discretionary authority to waive or suspend operation to best serve the interests of the public health and safety during the State of Emergency	March 29, 2019	44 MoReg 1246
19-05	Declares a State of Emergency	March 21, 2019	44 MoReg 1244
19-04	Establishes the Missouri School Safety Task Force	March 13, 2019	44 MoReg 1131
Proclamation	Governor reduces line items in the budget	Jan. 28, 2019	44 MoReg 771
19-03	Transfers the Division of Workforce Development to the Department of Higher Education	Jan. 17, 2019	44 MoReg 767
19-02	Transfers the Office of Public Counsel and Public Service Commission to the Department of Insurance, Financial Institutions and Professional Registration	Jan. 17, 2019	44 MoReg 765
19-01	Transfers the Division of Energy to the Department of Natural Resources	Jan. 17, 2019	44 MoReg 763

The rule number and the MoReg publication date follow each entry to this index.

ACCOUNTANCY, MISSOURI STATE BOARD OF

administration; 20 CSR 2010-5.100; 9/16/19, 1/15/20
firms subject to peer review requirements; 20 CSR 2010-5.080;
9/16/19, 1/15/20
oversight; 20 CSR 2010-5.110; 9/16/19, 1/15/20
peer review requirements; 20 CSR 2010-5.090; 9/16/19, 1/15/20
peer review standards; 20 CSR 2010-5.070; 9/16/19, 1/15/20

ADMINISTRATION, OFFICE OF

continuances; 1 CSR 50-2.070; 9/16/19, 2/3/20
definitions; 1 CSR 50-5.010; 9/16/19, 2/3/20
leadership development; 1 CSR 20-6.010; 11/1/19, 2/18/20
prehearing conferences; 1 CSR 50-2.040; 9/16/19, 2/3/20
registration requirements for committees domiciled outside the
State of Missouri and out-of-state committees; 1 CSR 50-
5.020; 9/16/19, 2/3/20
state official's salary compensation schedule; 1 CSR 10; 11/15/19

AGRICULTURE, DEPARTMENT OF

animal health

animal care facilities definitions; 2 CSR 30-9.010; 1/2/20
animal care facilities minimum standards of operation and
transportation; 2 CSR 30-9.030; 1/2/20
animal care facility rules governing licensing, fees, reports,
record keeping, veterinary care, identification, and hold-
ing period; 2 CSR 30-9.020; 1/2/20
inspection of meat and poultry; 2 CSR 30-10.010; 9/2/19, 1/2/20
movement of livestock, poultry, and exotic animals within
Missouri; 2 CSR 30-2.020; 8/1/19, 1/2/20

plant industries

agriculture hemp seed requirements; 2 CSR 70-17.130;
11/1/19, 2/3/20
branding of treated timber; 2 CSR 70-40.040; 9/16/19, 2/3/20
definitions; 2 CSR 70-17.010; 11/1/19, 2/3/20
fee schedule; 2 CSR 70-10.075; 12/2/19
general provisions for registered producers and agricultural
hemp propagule and seed permit holders; 2 CSR 70-
17.050; 11/1/19, 2/3/20
industrial hemp pilot program grower and handler registration
agreement; 2 CSR 70-17.040; 11/1/19, 2/3/20
industrial hemp plant monitoring system requirements; 2 CSR
70-17.110; 11/1/19, 2/3/20
industrial hemp program fees; 2 CSR 70-17.070; 11/1/19,
2/3/20
inspection of site, crop, and sampling requirements for
laboratory analysis (responsibilities of registered grower
and handler); 2 CSR 70-17.090; 11/1/19, 2/3/20
modification of grower and handler applications and fees; 2
CSR 70-17.060; 11/1/19, 2/3/20
nonprofit nursery dealer defined; 2 CSR 70-10.025; 12/2/19
out-of-state nurseryman to verify inspection-certification;
2 CSR 70-10.050; 12/2/19
preservatives required to be registered pesticides; 2 CSR 70-
40.017; 9/16/19, 2/3/20
producers to follow pesticide label; 2 CSR 70-40.016;
9/16/19, 2/3/20
registration and permit application requirements; 2 CSR 70-
17.020; 11/1/19, 2/3/20
requirements for treated timber invoices and manifests; 2 CSR
70-40.050; 9/16/19, 2/3/20
revocation of registration or permit; 2 CSR 70-17.120;
11/1/19, 2/3/20
sale or distribution of wood products similar in appearance to
treated timber—identification—penalties; 2 CSR 70-
40.055; 9/16/19, 2/3/20
sampling requirements and results of analysis; 2 CSR 70-
17.100; 11/1/19, 2/3/20
site access for Missouri Department of Agriculture (MDA)
and law enforcement inspection; 2 CSR 70-17.080;
11/1/19, 2/3/20
standards for inspection, sampling and analyses; 2 CSR 70-
40.025; 9/16/19, 2/3/20
standards for treated timber; 2 CSR 70-40.015; 9/16/19, 2/3/20

state and federal criminal history background check require-
ments; 2 CSR 70-17.030; 11/1/19, 2/3/20
submitting service samples; 2 CSR 70-35.050; 12/2/19
treated timber definitions; 2 CSR 70-40.005; 9/16/19, 2/3/20
weights, measures and consumer protection
quality standards for motor fuels; 20 CSR 90-30.040; 1/2/20

AIR CONSERVATION COMMISSION

acid rain source permits required; 10 CSR 10-6.270; 1/2/20
asbestos projects—registration, abatement, notification, inspection,
demolition, and performance requirements; 10 CSR 10-6.241;
11/15/19
commercial and industrial solid waste incinerators;
10 CSR 10-6.161; 7/15/19, 1/15/20
construction permit exemptions; 10 CSR 10-6.061; 1/2/20
construction permits required; 10 CSR 10-6.060; 10/1/19
control of emissions from batch process operations;
10 CSR 10-5.540; 12/2/19
control of emissions from the manufacturing of paints, varnishes,
lacquers, enamels and other allied surface coating products; 10
CSR 10-5.390; 1/2/20
control of emissions from volatile organic liquid storage;
10 CSR 10-5.500; 11/15/19
control of gasoline Reid vapor pressure; 10 CSR 10-2.330; 2/18/20
control of NOx emissions from large stationary internal combustion
engines; 10 CSR 10-6.390; 9/16/19
control of sulfur emission from stationary boilers;
10 CSR 10-5.570; 7/15/19, 1/15/20
emission standards for hazardous air pollutants; 10 CSR 10-6.080;
1/2/20
hospital, medical, infectious waste incinerators; 10 CSR 10-6.200;
7/1/19, 1/15/20
maximum achievable control technology regulations; 10 CSR 10-
6.075; 1/2/20
new source performance regulations; 10 CSR 10-6.070; 1/2/20
restriction of emissions from batch-type charcoal kilns; 10 CSR 10-
6.330; 9/16/19
restriction of particulate matter emissions from fuel burning equip-
ment used for indirect heating; 10 CSR 10-6.405; 1/2/20

ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS, AND PROFESSIONAL LANDSCAPE ARCHITECTS, MISSOURI BOARD FOR

applications—formerly licensed; 20 CSR 2030-4.100; 12/16/19
evaluation criteria for building design; 20 CSR 2030-2.040; 2/3/20

ATHLETICS, OFFICE OF

promoters; 20 CSR 2040-4.015; 12/2/19

CERTIFICATE OF NEED PROGRAM

application review schedule; 19 CSR 60-50; 1/2/20, 1/15/20,
3/2/20

CHIROPRACTIC EXAMINERS, STATE BOARD OF

professional conduct rules; 20 CSR 2070-2.060; 2/3/20

CLEAN WATER COMMISSION

public participation, hearings, and notice to governmental
agencies; 10 CSR 20-6.020; 9/2/19

CONSERVATION, DEPARTMENT OF

camping; 3 CSR 10-11.140; 10/1/19, 1/15/20
commercial deer processing: permit, privileges, requirements;
3 CSR 10-10.744; 7/1/19, 1/2/20
commercial establishments; 3 CSR 10-10.743; 10/1/19, 1/15/20
chronic wasting disease; management zone; 3 CSR 10-4.200;
7/1/19, 1/2/20
daily fishing permit; 3 CSR 10-5.440; 7/1/19, 1/2/20
daily hunting or fishing tags; 3 CSR 10-5.250; 7/1/19, 1/2/20
daily small game hunting permit; 3 CSR 10-5.445; 7/1/19, 1/2/20
deer: chronic wasting disease management program; permit
availability, methods, limits; 3 CSR 10-7.439; 10/1/19,
1/15/20
definitions; 3 CSR 10-20.805; 7/1/19, 1/2/20
endangered species; 3 CSR 10-4.111; 10/1/19, 1/15/20

fishing, daily and possession limits;
3 CSR 10-11.210; 3/2/20
3 CSR 10-12.140; 3/2/20
fishing, general provisions and seasons; 3 CSR 10-11.200; 10/1/19,
1/15/20
fishing, length limits; 3 CSR 10-12.145; 3/2/20
fishing, methods and hours; 3 CSR 10-11.205; 10/1/19, 1/15/20
fishing, trout parks; 3 CSR 10-12.150; 1/2/20
general provisions;
3 CSR 10-6.405; 1/2/20
3 CSR 10-7.405; 10/1/19, 1/15/20
hunting and trapping; 3 CSR 10-12.125; 3/2/20
hunting, general provisions and seasons; 3 CSR 10-11.180; 10/1/19,
1/15/20
hunting methods; 3 CSR 10-7.410; 10/1/19, 1/15/20
nonresident archery antlerless deer hunting permit; 3 CSR 10-
5.554; 1/15/20
nonresident archer's hunting permit; 3 CSR 10-5.560; 7/1/19,
1/2/20
nonresident conservation order permit; 3 CSR 10-5.567; 7/1/19,
1/2/20
nonresident firearms antlerless deer hunting permit; 3 CSR 10-
5.552; 7/1/19, 1/2/20
nonresident firearms any-deer hunting permit; 3 CSR 10-5.551;
7/1/19, 1/2/20
nonresident fishing permit; 3 CSR 10-5.540; 7/1/19, 1/2/20
nonresident furbearer hunting and trapping permit; 3 CSR 10-
5.570; 7/1/19, 1/2/20
nonresident landowner archer's hunting permit; 3 CSR 10-5.580;
7/1/19, 1/2/20
nonresident landowner firearms any-deer hunting permit; 3 CSR
10-5.576; 7/1/19, 1/2/20
nonresident landowner firearms turkey hunting permit; 3 CSR
10-5.579; 7/1/19, 1/2/20
nonresident managed deer hunting permit; 3 CSR 10-5.559; 7/1/19,
1/2/20
nonresident small game hunting permits; 3 CSR 10-5.545; 7/1/19,
1/2/20
nonresident turkey hunting permits; 3 CSR 10-5.565; 7/1/19,
1/2/20
owner may protect property; public safety; 3 CSR 10-4.130;
10/1/19, 1/15/20
prohibited species; 3 CSR 10-4.117; 10/1/19, 1/15/20
taxidermy; tanning; permit, privileges, requirements; 3 CSR 10-
10.767; 7/1/19, 1/2/20
transportation; 3 CSR 10-4.135; 7/1/19, 1/2/20
trout; 3 CSR 10-6.535; 1/2/20
trout permit; 3 CSR 10-5.430; 7/1/19, 1/2/20
use of traps; 3 CSR 10-8.510; 10/1/19, 1/15/20
waterfowl hunting; 3 CSR 10-11.186; 10/1/19, 1/15/20

ECONOMIC DEVELOPMENT, DEPARTMENT OF

applications; 4 CSR 85-5.020; 5/1/19; 10/1/19, 11/1/19
overview and definitions; 4 CSR 85-5.010; 5/1/19; 10/1/19, 11/1/19

ELEMENTARY AND SECONDARY EDUCATION, DEPARTMENT OF

deaf and hard of hearing, Missouri commission for the
fees; 5 CSR 100-200.150; 3/2/20

hearing aid distribution program; 5 CSR 100-300.010;
12/16/19

intern/practicum certification; 5 CSR 100-200.085; 3/2/20
provisional certification (aka learner's permit); 5 CSR 100-
200.047; 8/1/19

division of financial and administrative services

minimum requirements for school bus chassis and body;
5 CSR 30-261.025; 11/1/19

division of learning services

application for certificate of license to teach; 5 CSR
20-400.150; 12/2/19

clinical experience requirements for candidates in professional
education programs; 5 CSR 20-400.330; 2/18/20

Missouri school improvement program 6;

5 CSR 20-100.125; 12/16/19

5 CSR 20-100.295; 8/1/19, 1/2/20

prekindergarten program standards; 5 CSR 20-100.320;
10/1/19, 2/18/20

EMBALMERS AND FUNERAL DIRECTORS, STATE BOARD OF

cemetery exception; 20 CSR 2120-3.560; 3/2/20
confidentiality of preneed records obtained by the board through
financial examination, audit, or investigation; 20 CSR 2120-
3.530; 3/2/20
financial examination-audit process and procedures; 20 CSR 2120-
3.540; 3/2/20
funeral establishment; 20 CSR 2120-2.070; 12/16/19
general rules - applicable to all licensees and registrants;
20 CSR 2120-2.005; 12/16/19
miscellaneous rules; 20 CSR 2120-2.050; 12/16/19
seller fees and charges on preneed contracts; 20 CSR 2120-3.550;
3/2/20
single premium annuity contracts; 20 CSR 2120-3.515; 3/2/20
when forms considered filed; 20 CSR 2120-2.008; 12/16/19

ENERGY, DIVISION OF

certification of renewable energy and renewable energy standard
compliance account; 10 CSR 140-8; 1/15/20
energy set-aside fund; 10 CSR 140-2; 1/15/20
missouri propane education and research program; 10 CSR 140-6;
1/15/20
state building minimum energy efficiency standard; 10 CSR 140-7;
1/15/20
wood energy credit; 10 CSR 140-4; 1/15/20

EXECUTIVE ORDERS

closes state offices December 24, 2019 at 1pm; 19-21; 1/15/20

FAMILY SUPPORT DIVISION

definition of earned income; 13 CSR 40-2.050; 10/15/19, 2/18/20
definitions relating to general relief; 13 CSR 40-2.070; 10/15/19,
2/18/20

HAZARDOUS WASTE MANAGEMENT COMMISSION

fees and taxes; 10 CSR 25-12.010; 10/1/19, 2/3/20

HEALTH AND SENIOR SERVICES, DEPARTMENT OF community and public health, division of

environmental health standards for the control of
communicable diseases; 19 CSR 20-3.040; 12/2/19
inspection of the manufacture and sale of cosmetics;
19 CSR 20-2.020; 12/2/19
reporting infectious, contagious, communicable, or dangerous
diseases; 19 CSR 20-20.020; 3/2/20

maternal, child and family health, division of

basis for provision of EPSDT; 19 CSR 40-4.010; 12/2/19
client responsibilities; 19 CSR 40-7.030; 12/2/19
definitions; 19 CSR 40-7.010; 12/2/19
program eligibility; 19 CSR 40-7.020; 12/2/19

Missouri health facilities review committee

additional information; 19 CSR 60-50.500; 9/16/19, 2/3/20
administration; 19 CSR 60-50.900; 9/16/19, 2/3/20
application package; 19 CSR 60-50.430; 9/16/19, 2/3/20
certificate of need decisions; 19 CSR 60-50.600; 9/16/19,
2/3/20

criteria and standards for equipment and new hospitals; 19
CSR 60-50.440; 9/16/19, 2/3/20

criteria and standards for long-term care; 19 CSR 60-50.450;
9/16/19, 2/3/20

criteria and standards for financial feasibility; 19 CSR 60-
50.470; 9/16/19, 2/3/20

definitions for the certificate of need process; 19 CSR 60-
50.300; 9/19/19, 2/3/20

letter of intent package; 19 CSR 60-50.410; 9/16/19, 2/3/20

letter of intent process; 19 CSR 60-50.400; 9/16/19, 2/3/20

meeting procedures; 19 CSR 60-50.800; 9/16/19, 2/3/20

post-decision activity; 19 CSR 60-50.700; 9/16/19, 2/3/20

review process; 19 CSR 60-50.420; 9/16/19, 2/3/20

office of the director

J-1 visa waiver program; 19 CSR 10-4.020; 11/1/19, 3/2/20

regulation and licensure, division of

- additional licensing procedures; 19 CSR 30-95.028; 1/2/20
- assessment of availability of beds; 19 CSR 30-82.030; 10/1/19, 2/3/20
- ST-segment elevation myocardial infarction (STEMI) center designation application and review; 19 CSR 30-40.750; 10/1/19, 2/3/20
- standards for the operation of abortion facilities; 19 CSR 30-30.060; 8/1/19, 1/2/20

HEARING INSTRUMENT SPECIALISTS, BOARD OF EXAMINERS FOR

- custodian of public records; 20 CSR 2165-1.030; 11/1/19, 2/18/20
- deceptive practices; 20 CSR 2165-3.020; 11/1/19, 2/18/20
- general obligations of the licensee; 20 CSR 2165-3.010; 11/1/19, 2/18/20
- issuance of temporary courtesy license to nonresident military spouse; 20 CSR 2165-2.035; 11/1/19, 2/18/20
- licensure by examination; 20 CSR 2165-2.030; 11/1/19, 2/18/20
- medical clearance and waivers; 20 CSR 2165-3.030; 11/1/19, 2/18/20
- public complaint handling and disposition procedure; 20 CSR 2165-2.070; 11/1/19, 2/18/20
- renewal of licenses for military members; 20 CSR 2165-2.065; 11/1/19, 2/18/20
- supervisors; 20 CSR 2165-2.020; 11/1/19, 2/18/20

HIGHER EDUCATION, DEPARTMENT OF

- A+ scholarship program; 6 CSR 10-2.190; 1/2/20
- fast track workforce incentive grant; 6 CSR 10-2.210; 2/3/20
- inspection fee; 6 CSR 250-10.030; 9/16/19, 1/2/20

INSURANCE

- applied behavior analysis maximum benefit; 20 CSR; 3/1/19
- construction claims binding arbitration cap; 20 CSR; 12/16/19
- non-economic damages in medical malpractice cap; 20 CSR; 6/15/18
- sovereign immunity limits; 20 CSR; 12/16/19
- state legal expense fund; 20 CSR; 12/16/19
- insurance licensing
 - scope and definitions; 20 CSR 700-8.005; 3/2/20
 - title agent and qualified principal examination requirements; 20 CSR 700-8.150; 3/2/20
 - utilization review; 20 CSR 700-4.100; 3/2/20
- life, annuities and health
 - Missouri life and health insurance guaranty association; 20 CSR 400-5.600; 3/2/20
- property and casualty
 - affiliated business arrangements; 20 CSR 500-7.070; 3/2/20
 - definitions; 20 CSR 500-7.020; 3/2/20
 - disclosure of coverage limitation; 20 CSR 500-7.060; 3/2/20
 - disclosure of premiums and charges; 20 CSR 500-7.050; 3/2/20
 - general instructions; 20 CSR 500-7.030; 3/2/20
 - policy and endorsement forms; 20 CSR 500-6.100; 3/2/20
 - self-insurance; 20 CSR 500-6.300; 10/15/19
 - special circumstances for policy delay; 20 CSR 500-7.090; 3/2/20
 - standards for policy issuance; 20 CSR 500-7.200; 3/2/20

LABOR AND INDUSTRIAL RELATIONS, DEPARTMENT OFlabor and industrial relations commission

- objections and hearing; 8 CSR 20-5.010; 9/16/19, 1/2/20

Missouri commission on human rights

- complaint, investigation, and conciliation processes; 8 CSR 60-2.025; 2/18/20
- preservation of records and posting of posters and interpretations; 8 CSR 60-3.010; 2/18/20

MARITAL AND FAMILY, STATE COMMITTEE OF

- application for licensure; 20 CSR 2233-2.030; 10/15/19, 2/3/20
- committee information—general organization; 20 CSR 2233-1.010; 10/15/19, 2/3/20
- complaint handling and disposition; 20 CSR 2233-1.030; 10/15/19, 2/3/20
- educational requirements; 20 CSR 2233-2.010; 10/15/19, 2/3/20
- examination requirements; 20 CSR 2233-2.040; 10/15/19, 2/3/20
- fees; 20 CSR 2233-1.040; 12/2/19
- general principles; 20 CSR 2233-3.010; 10/15/19, 2/3/20
- name and address changes; 20 CSR 2233-1.050; 10/15/19, 2/3/20
- policy for release of public records; 20 CSR 2233-1.020; 10/15/19, 2/3/20
- registered supervisors and supervisory responsibilities; 20 CSR 2233-2.021; 10/15/19, 2/3/20
- renewal of license; 20 CSR 2233-2.050; 10/15/19, 2/3/20
- supervised marital and family work experience; 20 CSR 2233-2.020; 10/15/19, 2/3/20

MENTAL HEALTH, DEPARTMENT OF

- behavior supports; 9 CSR 45-3.090; 11/1/19, 2/18/20
- emergency safety interventions; 9 CSR 10-7.060; 9/16/19, 1/2/20

MISSOURI CONSOLIDATED HEALTH CARE PLAN

- coordination of benefits;
 - 22 CSR 10-2.070; 12/2/19
 - 22 CSR 10-3.070; 12/2/19
- general foster parent membership provisions;
 - 22 CSR 10-2.110; 12/2/19
- general membership provisions;
 - 22 CSR 10-2.020; 12/2/19
 - 22 CSR 10-3.020; 12/2/19
- health savings account plan benefit provisions and covered charges;
 - 22 CSR 10-2.053; 12/2/19
 - 22 CSR 10-3.055; 12/2/19
- medical plan benefit provisions and covered charges;
 - 22 CSR 10-2.055; 12/2/19
 - 22 CSR 10-3.057; 12/2/19
- pharmacy benefit summary;
 - 22 CSR 10-2.090; 12/2/19
 - 22 CSR 10-3.090; 12/2/19
- pharmacy employer group waiver plan for medicare primary members; 22 CSR 10-2.089; 12/2/19
- plan limitations;
 - 22 CSR 10-2.061; 12/2/19
 - 22 CSR 10-3.061; 12/2/19
- plan utilization review policy
 - 22 CSR 10-2.045; 12/2/19
 - 22 CSR 10-3.045; 12/2/19
- PPO 750 plan benefit provisions and covered charges;
 - 22 CSR 10-2.046; 12/2/19
 - 22 CSR 10-3.058; 12/2/19
- PPO 1250 plan benefit provisions and covered charges;
 - 22 CSR 10-2.047; 12/2/19
 - 22 CSR 10-3.059; 12/2/19
- review and appeals procedure;
 - 22 CSR 10-2.075; 12/2/19
 - 22 CSR 10-3.075; 12/2/19

MO HEALTHNET DIVISION

- durable medical equipment program; 13 CSR 70-60.010; 3/2/20
- federal reimbursement allowance (FRA); 13 CSR 70-15.110; 8/15/19
- filing of claims, mo healthnet program; 13 CSR 70-3.100; 3/2/20
- global per diem adjustments to nursing facility and hiv nursing facility reimbursement rates; 13 CSR 70-10.016; 3/2/20
- home health-care services; 13 CSR 70-90.010; 1/15/20
- inpatient hospital services reimbursement plan; outpatient hospital services reimbursement methodology; 13 CSR 70-15.010; 8/15/19
- limitations on payment of out-of-state nonemergency medical services; 13 CSR 70-3.120; 1/15/20

MO HealthNet primary care health homes; 13 CSR 70-3.240; 1/2/20
national drug code requirement; 13 CSR 70-20.340; 3/2/20
payment policy for provider presentable conditions; 13 CSR 70-3.230; 12/16/19
procedures for evaluation of appropriate inpatient hospital admissions and continued days of stay; 13 CSR 70-15.090; 12/2/19
prospective drug use review process and patient counseling; 13 CSR 70-20.310; 1/2/20
prospective reimbursement plan for nonstate-operated facilities for ICF/IIO services; 13 CSR 70-10.030; 12/2/19

OCCUPATIONAL THERAPY, MISSOURI BOARD OF
continuing competency requirements; 20 CSR 2205-5.010; 9/16/19, 1/2/20
supervision of occupational therapy assistants and occupational therapy assistant limited permit holders; 20 CSR 2205-4.010; 12/16/19
supervision of occupational therapist limited permit holders; 20 CSR 2205-4.020; 12/16/19

PHARMACY, STATE BOARD OF
approved Missouri schools/colleges of pharmacy; 20 CSR 2220-7.027; 2/3/20
board approved pilot projects and research projects; 20 CSR 2220-2.995; 10/15/19, 2/18/20
general fees; 20 CSR 2220-4.010; 8/15/19
intern pharmacist licensure; 20 CSR 2220-7.025; 2/3/20
minimum standards for multi-med dispensing; 20 CSR 2220-2.145; 12/16/19
rx cares for Missouri program; 20 CSR 2220-2.990; 9/2/19, 1/2/20
temporary pharmacist license for non-resident military spouses; 20 CSR 2220-7.075; 12/16/19

PODIATRIC MEDICINE, STATE BOARD OF
biennial license renewal; 20 CSR 2230-2.030; 9/16/19, 1/15/20
exemption from license renewal requirement for active duty military and stay of administrative actions against a licensee serving on active military duty; 20 CSR 2230-2.035; 11/15/19, 3/2/20
fees; 20 CSR 2230-2.070; 11/15/19, 3/2/20
infection control; 20 CSR 2230-2.023; 9/16/19, 1/15/20
issuance of temporary courtesy license to nonresident military spouse; 20 CSR 2230-2.055; 11/15/19, 3/2/20
licensure by examination; 20 CSR 2230-2.010; 11/15/19, 3/2/20
licensure by reciprocity; 20 CSR 2230-2.050; 11/15/19, 3/2/20
military training to meet requirements for licensure; 20 CSR 2230-2.015; 11/15/19, 3/2/20
reactivation of inactive license; 20 CSR 2230-2.032; 11/15/19, 3/2/20
temporary licenses for internship/residency; 20 CSR 2230-2.065; 11/15/19, 3/2/20
waiver of requirements for continuing education for national guard and reservists; 20 CSR 2230-2.036; 11/15/19, 3/2/20

PROPANE SAFETY COMMISSION, MISSOURI
fiscal year July 1, 2018–June 30, 2019 budget plan; 2 CSR 90; 8/1/18

PUBLIC HEALTH LABORATORY, MISSOURI STATE
approval of methods for the analysis of blood, saliva, and urine for the determination of blood alcohol content or the presence of drugs; 19 CSR 25-30.070; 11/1/19, 2/18/20
approval of methods for the analysis of blood, saliva, and urine for the presence of drugs; 19 CSR 25-30.080; 11/1/19, 2/18/20
approved breath analyzers; 19 CSR 25-30.050; 11/1/19, 2/18/20
breath analyzer calibration and accuracy verification standards; 19 CSR 25-30.051; 11/1/19, 2/18/20

general provisions for the determination of blood, breath, saliva or urine analysis and drug testing; 19 CSR 25-30.011; 11/1/19, 2/18/20
operating procedures for breath analyzers; 19 CSR 25-30.060; 11/1/19, 2/18/20
type I permit; 19 CSR 25-30.021; 11/1/19, 2/18/20
type II permit; 19 CSR 25-30.031; 11/1/19, 2/18/20
type III permit; 19 CSR 25-30.041; 11/1/19, 2/18/20

PUBLIC SAFETY, DEPARTMENT OF
division of fire safety

accessibility to the disabled; 11 CSR 40-5.070; 12/2/19
alterations; 11 CSR 40-5.080; 12/2/19
blasting—licensing, registration, notification, requirements, and penalties; 11 CSR 40-7.010; 12/2/19
code additions, amendments and interpretations; 11 CSR 40-5.055; 12/2/19
code/standards adopted by the board; 11 CSR 40-2.015; 12/2/19
elevator mechanic license; 11 CSR 40-5.170; 12/2/19
inspection and testing; 11 CSR 40-5.090; 12/2/19
inspectors; 11 CSR 40-5.120; 12/2/19
Missouri minimum safety codes for existing equipment; 11 CSR 40-5.065; 12/2/19
new installations; 11 CSR 40-5.050; 12/2/19

missouri gaming commission

additional application information for bingo and pull-tab licenses; 11 CSR 45-30.090; 7/1/19, 1/15/20
application for fantasy sports contest operator license; 11 CSR 45-40.020; 12/2/19
audits; 11 CSR 45-40.100; 12/2/19
definitions; 11 CSR 45-40.010; 12/2/19
deposit account — taxes and fees; 11 CSR 45-11.020; 1/15/20
member(s) in charge; 11 CSR 45-30.130; 7/1/19, 1/15/20
operational fees; 11 CSR 45-40.070; 12/2/19
operational requirements for fantasy sports contest operators; 11 CSR 45-40.050; 12/2/19
records and record retention; 11 CSR 45-40.090; 12/2/19
refund — claim for refund; 11 CSR 45-11.110; 7/1/19, 1/15/20
segregated account requirements; 11 CSR 45-40.060; 12/2/19
missouri state highway patrol
verification of homemade trailers; 11 CSR 50-2.430; 10/1/19, 1/15/20

PUBLIC SERVICE COMMISSION

drug and alcohol testing; 20 CSR 4240-40.080; 1/15/20
incident, annual, and safety-related condition reporting requirements; 20 CSR 4240-40.020; 1/15/20
safety standards—liquefied natural gas facilities; 20 CSR 4240-40.033; 1/15/20
safety standards—transportation of gas by pipeline; 20 CSR 4240-40.030; 1/15/20

REAL ESTATE APPRAISERS

application and license fees; 20 CSR 2250-5.020; 1/15/20
trainee real estate appraiser registration; 20 CSR 2245-3.005; 3/2/20

RETIREMENT SYSTEMS

the public school retirement system of Missouri
general organization; 16 CSR 10-1.010; 11/1/19, 2/18/20
payment of funds to the retirement system; 16 CSR 10-3.010; 3/2/20
16 CSR 10-6.020; 3/2/20
service retirement; 16 CSR 10-5.010; 11/1/19, 2/18/20
16 CSR 10-6.060; 11/1/19, 2/18/20
Missouri local government employee's retirement system (LAGERS)
definitions; 16 CSR 20-2.010; 12/2/19

determination of amount otherwise payable during deflation;
16 CSR 20-2.105; 6/17/19, 10/1/19

REVENUE, DEPARTMENT OF

annual adjusted rate of interest; 12 CSR 10-41.010; 12/2/19
back the blue special plate donation processing ; 12 CSR 10-
23.090; 10/1/19, 2/3/20
bad debts credit or refund; 12 CSR 10-102.100; 2/3/20
dealer license plates/certificates of number; 12 CSR 10-26.060;
10/1/19, 2/3/20
lease rental companies; 12 CSR 10-23.550; 2/3/20

SECRETARY OF STATE

initiative, referendum, new party, and independent candidate peti-
tions Missouri voter registration system and other computer-
ized processing options; 15 CSR 30-15.030; 3/2/20

SOCIAL SERVICES, DEPARTMENT OF

prohibition against expenditure of appropriated funds for abortion
facilities; 13 CSR 10-4.010; 8/1/19, 9/2/19, 1/2/20

SOCIAL WORKERS, STATE COMMITTEE FOR

client relationships; 20 CSR 2263-3.040; 10/1/19, 1/15/20
competence; 20 CSR 2263-3.140; 10/1/19, 1/15/20
confidentiality; 20 CSR 2263-3.100; 10/1/19, 1/15/20
continuing education; 20 CSR 2263-2.082; 10/1/19, 1/15/20
moral standards; 20 CSR 2263-3.020; 10/1/19, 1/15/20
public statements/fees; 20 CSR 2263-3.080; 10/1/19, 1/15/20
registration of supervised social work experience; 20 CSR 2263-
2.032; 10/1/19, 1/15/20
relationships with colleagues; 20 CSR 2263-3.060; 10/1/19,
1/15/20
research on human subjects; 20 CSR 2263-3.120; 10/1/19, 1/15/20
scope of coverage and organization; 20 CSR 2263-3.010; 10/1/19,
1/15/20

STATE TAX COMMISSION

agricultural land productive values 12 CSR 30-4.010; 2/3/20
discovery; 12 CSR 30-3.030; 10/15/19, 3/2/20

TATTOOING, BODY PIERCING, AND BRANDING, OFFICE OF

definitions; 20 CSR 2267-1.010; 10/15/19, 2/3/20
fees; 20 CSR 2267-2.020; 10/15/19, 2/3/20
issuance of temporary courtesy license to nonresident military
spouse; 20 CSR 2267-2.034; 10/15/19, 2/3/20
license renewal; 20 CSR 2267-2.030; 10/15/19, 2/3/20
licenses; 20 CSR 2267-2.010; 10/15/19, 2/3/20
name, telephone, and address changes; 20 CSR 2267-1.020;
10/15/19, 2/3/20
preparation and care of site; 20 CSR 2267-5.040; 10/15/19, 2/3/20
standards of practice; 20 CSR 2267-5.010; 10/15/19, 2/3/20
tattoo, body piercing, and branding establishments; 20 CSR 2267-
3.010; 10/15/19, 2/3/20
tattoo, body piercing, and branding establishment—change of name,
owner/operator, or location; 20 CSR 2267-1.030; 10/15/19,
2/3/20
temporary establishment license; 20 CSR 2267-4.010; 10/15/19,
2/3/20

THERAPEUTIC MASSAGE, BOARD OF

application for licensure; 20 CSR 2197-2.010; 10/1/19, 1/15/20
apprenticeship training documentation; 20 CSR 2197-4.040;
10/1/19, 1/15/20
apprenticeship training program; 20 CSR 2197-4.030; 10/1/19,
1/15/20
definitions;
20 CSR 2197-1.010; 10/1/19, 1/15/20
20 CSR 2197-3.005; 10/1/19, 1/15/20
investigation; 20 CSR 2197-6.020; 10/1/19, 1/15/20

issuance and renewal of a business license; 20 CSR 2197-5.020;
10/1/19, 1/15/20
license renewal and name and address changes; 20 CSR 2197-
2.050; 10/1/19, 1/15/20

massage therapy business—change of name, ownership or location;
20 CSR 2197-5.030; 10/1/19, 1/15/20
massage therapy business license renewal; 20 CSR 2197-5.040;
10/1/19, 1/15/20
massage therapy business—survey inspections; 20 CSR 2197-5.010;
10/1/19, 1/15/20
name and address changes for individuals; 20 CSR 2197-1.030;
10/1/19, 1/15/20
provisional license; 20 CSR 2197-2.030; 10/1/19, 1/15/20
public complaint handling and disposition procedure; 20 CSR 2197-
6.010; 10/1/19, 1/15/20
reciprocity; 20 CSR 2197-2.020; 10/1/19, 1/15/20
standards of practice; 20 CSR 2197-3.010; 10/1/19, 1/15/20
students/student license; 20 CSR 2197-2.040; 10/1/19, 1/15/20
titling; 20 CSR 2197-1.020; 10/1/19, 1/15/20

VETERINARY MEDICAL BOARD, MISSOURI

minimum standards for continuing education for veterinary techni-
cians; 20 CSR 2270-4.050; 9/16/19, 1/2/20
permit applications; 20 CSR 2270-5.011; 9/16/19, 1/2/20

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